**CONFIDENTIAL HEALTH QUESTIONNAIRE-ACUPUNCTURE**

Thank you for taking the time to schedule an acupuncture appointment. Taking your precious time to fill out this questionnaire will help me to understand what your goals and expectations are. Together we will formulate a health care plan that will work for you. I am the only person who reviews these forms. If you are uncomfortable answering any of the questions, just leave them blank and we will discuss them during your first visit. When filling out the forms, please use the back of the page if you need more room and let me know if there are specific treatments you have in mind or need more information about them. I sincerely thank you for sharing your important information with me and I look forward to seeing you at your appointment.

To Your Health,

Coleen Murphy ND, LAc.

**Personal Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  |  | Date | \_\_\_\_\_\_/\_\_\_\_\_\_\_/20\_\_\_ | |
|  |  |  |  |  | |
| Address |  |  | Gender | \_\_\_Male \_\_\_Female | |
|  |  |  |  |  | |
| City, State  Zip | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Height | \_\_\_ Feet \_\_\_ Inches | |
|  |  |  | Date of Birth | \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ | |
| Phone-Cell |  |  |  |  | |
|  |  |  | Weight \_\_\_\_\_\_ pounds | |  | |
| Phone-Home/  Business |  |  |  |  | |
| Occupation |  |  | Name of Partner/Spouse |  | |
|  |  |  |  |  | |

Hours Worked Per Week \_\_\_\_\_\_\_ hours

# of People Living in your Home \_\_\_\_\_\_\_\_\_\_

Best Number to Leave a Confidential Message: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship Status: Single / Married / Partnered / Divorced / Widow

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | |  |  |  |
| **Emergency Contact** | |  |  |  |  |
|  |  | |  | Number of Children |  |
| Name |  | |  |  |
|  |  | |  |  |  |
| Relationship |  | |  | Blood type |  |
|  |  | |  |  |  |
| Phone-Home/Cell | ( ) - | |  |  |  |
|  |  | |  | How did you hear about us? |  |
| Phone-Alternate | ( ) - | |  |  |

Please list your 3 major health concerns-

1.

2.

3.

What do you hope to accomplish in your first Acupuncture appointment?

Have you had Acupuncture before and any areas you do not want treated?

List all Allergies and Sensitivities (drugs, food, environmental, chemical):

List all current medications that you currently take, include dosage(s) and frequency:

List all dietary supplements, herbs and over the counter medications you are currently taking, include dosage(s) and frequency:

List all medical diagnosis:

List all surgeries, hospitalizations, major accidents, x-rays and special procedures: