# Mead Acupuncture Patient Intake Form

**Full Name:** _____ **DOB:** _____

**Address:** _____ **City:** _____

**State:** _____ **Zip:** _____ **Phone:** _____

**Email:** _____

**Emergency Contact/phone:** _____

**Relationship:** _____ **Physician:** _____

**Main issue to be addressed at your visit today:**_____

**Before treatment, I need to be aware if you have any of the following conditions. With these conditions, some points may be avoided; some adjunctive treatments will not be used. Do any of these apply to you?**

**_____ Pregnant _____ Clotting disorder/on blood thinners _____ Afib _____ Pacemaker**

**Past Surgeries/Past Significant health conditions:** _____

**Medications/Supplements Being Taken:** _____

_____

**Please indicate any of the following conditions that you currently have:**

| | |
|---|---|
| | Major Accident |
| | Neck/back pain or injury |
| | Joint pain |
| | Muscle pain |
| | numbness |
| | Headaches |
| | Allergies |

| | |
|---|---|
| | TMJ |
| | Asthma, lung problems |
| | High/low blood pressure |
| | Heart/circulation problems |
| | Digestive problems |
| | Diabetes |
| | Depression/Anxiety |

| | |
|---|---|
| | Menstrual/menopausal problems |
| | Sexual health problems |
| | Urinary problems |
| | Blood clots/on blood thinners |
| | Fibromyalgia |
| | Cancer |
| | Other, not listed, explain below |

**Other issues not listed that you would like addressed:**

_____

_____

_____

**Signature:** _____ **Date:** _____