



# Sequim Acupuncture

502 S. Still Rd, Ste 101, Sequim, WA 98382

360-339-4050

## **Patient Information:**

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone: Home (     ) \_\_\_\_\_ - \_\_\_\_\_ Cell (     ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Relation: \_\_\_\_\_

## **Insurance Information:**

Primary Insurance: \_\_\_\_\_ Am I the Insured? Y / N

Insured's Information (if different from patient):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## **Primary health concern:**

What health issue would you like treated? \_\_\_\_\_

What makes it better? \_\_\_\_\_ Worse? \_\_\_\_\_

## **Part of your history? (please check all that apply)**

Cancer: \_\_\_\_ Diabetes: \_\_\_\_ Hepatitis: \_\_\_\_ Rheumatic Fever: \_\_\_\_ Thyroid Disease: \_\_\_\_

Seizures: \_\_\_\_ STIs: \_\_\_\_ BP: High / Low

Allergies (drugs, chemicals, foods): \_\_\_\_\_

Have you ever been on a restricted diet? Yes  No  What Kind? \_\_\_\_\_

Do you have a regular exercise program? Yes  No  \_\_\_\_\_

Are you a smoker? No  Quit  Yes  If yes, how many packs per day? \_\_\_\_\_

Surgeries (type and date): \_\_\_\_\_

Significant Trauma (auto accident, falls, etc.): \_\_\_\_\_

Current medications: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## **Family Medical History:**

Cancer: \_\_\_\_ Diabetes: \_\_\_\_ Hepatitis: \_\_\_\_ Rheumatic Fever: \_\_\_\_ Thyroid Disease: \_\_\_\_

Seizures: \_\_\_\_ STDs: \_\_\_\_ Stroke: \_\_\_\_ BP: High / Low