CONFIDENTIAL PATIENT INTAKE FORM

How's your sleep?	How's your digestion?	How's your energy?	Frequent emotions?
□ Wake feeling rested	Appetite _____	□ Good through the day	□ Anger
□ Trouble falling asleep	□ Belching □ Food allergies	□ Tired after lunch	□ Depression
□ Wake during the night	□ Bloating □ Nausea/vomiting	□ Need caffeine	□ Irritable
What time? _____	□ Gas □ Heartburn	□ Difficulty focusing	□ Sadness/grieving
□ Get up to pee	How are your BMs?	□ Get low blood sugar	□ Anxiety/Fear/Worry
How many times/night	□ Constipation	□ Craves sugar/grains	□ Obsessive thoughts
□ Nightmares	□ Diarrhea	□ Craves salty foods	□ Contentment
□ Disturbing dreams	□ Normal, fully formed	□ Feel exhausted often	□ Grateful

LIFESTYLE HABITS

Do you exercise? No Yes _____times per week

How would you rate your stress level? MILD 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 SEVERE

How would you rate your coping skills? UNHELPFUL 1 - 2 - 3 - 4 - 5 - 6 -- 7 - 8 - 9 - 10 VERY HELPFUL

Do you have stress-related behaviors (eating, shopping, drinking or other addictive behaviors) that you'd like to treat with acupuncture? No Yes_____

As an adjunct to acupuncture for stress releif, we recommend Emotional Freedom Technique. If you would like to know more about this technique, please ask. (We don't charge for this info - we recommend a free app that you can use).

WOMEN'S HEALTH

Menstrual cycle length? _____

Any menstrual cycle issues? _____

□ PMS/cramps □ Sore breast □ Blood clots □ Heavy flow □ Emotional

Are you going through menopause? Yes No Done with that!

□ Hot flashes □ Fatigue □ Headaches □ Heart palpitations □ Emotional

Are you currently or potentially pregnant? No Yes, how many weeks?_____

Do you have any women's health issues that you'd like to address with acupuncture? _____

OTHER INFORMATION

Please list any other health history or current health concerns/information here:_____

_____

_____

_____

_____

_____

_____

_____

The informationon this form is accurate to the best of my knowledge:

Signature: _____

Date: _____