

# Welcome to New Harmony!

Your information helps us help you

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City/Town \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-Mail \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

How did you find us? \_\_\_\_\_

What is your main complaint? \_\_\_\_\_

Is this your first acupuncture session? \_\_\_\_\_ Any fear of needles? \_\_\_\_\_

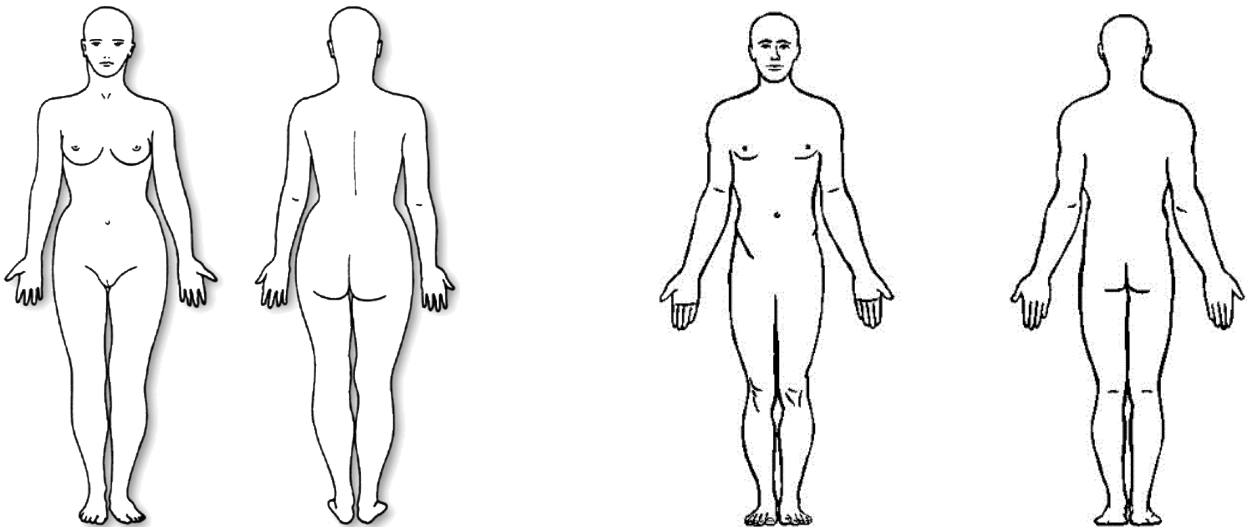
Prior experiences with Acupuncture? \_\_\_\_\_

Primary physician and phone \_\_\_\_\_

Emergency contact and phone \_\_\_\_\_

Do you have insurance \_\_\_\_\_ Company? \_\_\_\_\_

Please identify your pain or discomfort:



Describe it ... What gives you relief? \_\_\_\_\_

How has this condition affected your life? \_\_\_\_\_