

SAVANNAH ACUPUNCTURE WELLNESS CENTER

Patient Health History Form

Identification Date Please Print

First Name _____ Last Name _____ Today's Date _____

Sex: Male Female Date of Birth _____ Occupation _____

Address: _____ City _____ State _____ Zip code _____

Home Phone: _____ Cell: _____ Work: _____

E-mail: _____

What reason brings you here for acupuncture? (Please write your symptoms, syndrome, diagnosis and how long you have had this condition)

What kind of medicine do you take now?

What kind of surgery have you had?

FAMILY HISTORY: Complete for each family member: Placing X in the box indicating any illness each has had

	Self	Mother	Father	Sister	Brother	Spouse	
Allergies							
Blood disorder/anemia							
Cancer or tumors							
Heart disease							
Hepatitis A,B,C,D							
High blood pressure							
HIV positive/AIDS							
Kidney or bladder disorder							
Menstrual disorder							
Seizure disorder							
Stroke							
Stomach or intestinal disorder							
Other							

How did you find out about our clinic?