THREE PEAKS
PHYSICAL THERAPY, MASSAGE
& ACUPUNCTURE

Name _____ Date _____

ACUPUNCTURE INTAKE FORM
Please check all that apply in each category

PERSONAL HISTORY

- ☐ Heart Disease
- ☐ Hay Fever
- ☐ AIDS
- ☐ Meningitis
- ☐ Rectal Disease
- ☐ Nervous Breakdown
- ☐ Hypertension
- ☐ Scarlet Fever
- ☐ Syphilis
- ☐ Miscarriage
- ☐ Alcoholism
- ☐ Anemia
- ☐ Diabetes
- ☐ Pneumonia
- ☐ Polio
- ☐ Gonorrhea
- ☐ Epilepsy
- ☐ Pleurisy
- ☐ Mental Disorder
- ☐ DrugAbuse
- ☐ Kidney Disease
- ☐ Hepatitis
- ☐ Rheumatic Fever
- ☐ Bladder Disease
- ☐ Gallbladder Disease
- ☐ Boils / Infection

Other Personal History Description _____

_____

FAMILY HISTORY

- ☐ Heart Disease
- ☐ Headache
- ☐ Ulcers
- ☐ Alcoholism
- ☐ Hypertension
- ☐ Allergies
- ☐ Glaucoma
- ☐ DrugAbuse
- ☐ Stroke
- ☐ Asthma
- ☐ TB
- ☐ Diabetes
- ☐ Scoliosis
- ☐ Mental Disorder
- ☐ Kidney Disease
- ☐ Cancer
- ☐ Epilepsy
- ☐ Arthritis

Other Family History Description: _____

_____

HABITS

	Heavy	Moderate	Light	None
Alcohol				
Coffee				
Tea				
Tobacco				
Salt				
Sugar				
Diet				
Exercise				