Ellison Acupuncture

Name: _____ Date: _____

Preferred Pronouns: _____ DOB : _____

Phone #: _____

Email address: _____

Address: _____

Emergency Contact: _____ Phone: _____

**Present Medical History**

1. _____

Date of onset: _____

2. _____

Date of onset: _____

3. _____

Date of onset: _____

List all medications that you are currently taking or have taken in the last two months. Please include dosages:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

List all vitamins and dietary supplements:

_____

_____

**Past Medical History**

Please list any major injuries, broken bones, surgeries and hospitalizations with the approximate dates.

**Family Medical History**

Please list any significant family health issues:

Is there any possibility you are pregnant now? ☐ Y ☐ N

**Assignment of Benefits for Insurance:**

I authorize payment of medical benefits to Ellison Acupuncture. I understand that I am responsible for charges not covered by this assignment.

**Release of Medical Information for Claims Processing:**

I authorize the release of any medical or other information necessary to process insurance claims.

Patient Signature _____ Date _____