

Infinite Wellness, Long Beach

Denise Marie Estrada, L Ac

NEW PATIENT FORM

Date: _____

Patient Contact Information

Full Name: _____

Address: _____

Cell: _____ Other Phone: _____

Age: _____ DOB _____ Sex _____ Marital Status: _____

Emergency Contact:

_____ Relation _____ Phone: _____

Signature Required:

By signing my name below, I (Print Name) _____ acknowledge the \$45 fee for no-shows and appointments cancelled less than 24 hours prior to the originally scheduled time. This fee will be added to the next visit payment.

Patient Signature: _____

Patient Intake Form

Name: _____ Date: _____

Initial Reason for Your Visit and Health Goals:

Height: _____ Weight: _____ (Over/Under)

Current Medical Health Conditions:

Past Medical Conditions and Surgeries:

Implants, Prosthetics or Pacemakers?

Medications currently and previously taken?

Do you smoke?

Do you use recreational drugs?

Do you drink alcohol?

Special Diet?

Occupation (repetitive motion, sitting/standing, breaks, physical strain, mental strain, long hours at computer)

Body Aches/Pains (Circle All That Apply): Face Head Neck Shoulder Hip Leg Foot

Arm Hand Chest Upper Abdomen/Back Lower Abdomen/Back

Digestion Issues?

Sleep Issues?

Psychological Issues? (Anxiety/Panic, Depression, Stress, Loss of Loved One, Financial etc)

Skin Issues?

Respiratory Issues?

Circulatory Issues?

Nervous System Issues?

Reproductive/Sexual Issues?

Any Additional Notes?

Acupuncture Consent Form

Date: _____

Patient Name: _____

E-mail: _____

Cell Phone _____

By signing below, I declare that I am an adult and understand the following:

- Acupuncture is a technique using fine stainless steel needles that are disposed of after use.
- The insertion of needles and/or cupping may cause slight redness, discomfort or bruising that will fade without hours or 1 or 2 days.
- Traditional Chinese Medicine is a holistic approach to healing that entails nutritional guidance and lifestyle awareness, and such a treatment course is most effective with sincere participation and cooperation from the patient.

Patient's Signature: _____