



# Contemporary Acupuncture for Health Professionals

## Patient Information Sheet

Name: patName Date of Birth (day/month/year): patBirthdate.default

Address: patStreetAddress

City: patCityAddress Province: patProvince Country: \_\_\_\_\_ Postal Code: patPostalCode

Telephone: Home ...mePhone.default Office: ...ssPhone.default Fax: \_\_\_\_\_ Cell: ...obilePhone.default

Occupation: \_\_\_\_\_ Smoking:  Yes  No # of cigarettes/day: \_\_\_\_\_

Marital Status and # of Children: \_\_\_\_\_

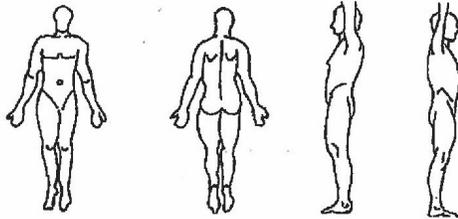
Family Doctor's Information: patMdName , patMdPhysNum , patMdAddress

Referring Doctor Information: currMdName , currMdPhysNum , currMdAddressLabel

Please answer the following questions:

1. What are the main reasons you wish to see the Doctor?  Pain  Fatigue  Sleep Problems  
 Menstrual Problems  Other Problems (Please Specify)

2. Please use the following drawings to mark the areas where you have pain:



3. What is your level of pain:

Today:  0  1  2  3  4  5  6  7  8  9  10

General:  0  1  2  3  4  5  6  7  8  9  10

4. Mark the treatment that you have received so far for your pain/fatigue or other problems?

Medication  Physical Therapy  Chiropractic  Osteopathy  Relaxation  
 Other (please specify)

5. So far, which treatments have benefited you the most? \_\_\_\_\_

6. List all of the medications and supplements you are taking, or have taken recently:

7. What do you expect from the Contemporary Acupuncture Treatments?

8. If you have several symptoms, what is your wish list? \_\_\_\_\_