



PATIENT INFORMATION - CONFIDENTIAL

Welcome to Source Healing.

Please PRINT ALL of the following information. Source Healing considers this information privileged practitioner/patient communication and will hold it in confidence.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Work: _____

Home: _____ Cellular: _____

Email: _____

Referred By: _____ First time with acupuncture? _____

Internet: (Please Circle) Google CitySearch Yelp Other _____

Occupation: _____ Birthdate: _____

Marital Status _____

What are you here to work on?

1 _____

2 _____

3 _____

List the Medications you are currently on:

List Any Major Surgeries:

1 _____

1 _____

2 _____

2 _____

3 _____

3 _____

Check All that Apply:

- Checkboxes for Allergies, Anxiety, Arthritis, Asthma, Autoimmune Disorder, AIDS/HIV, Cancer, Connective Tissue Disorders, Diabetes, Depression, Endometriosis, Fibroids, Insomnia, Heart Disease, Hepatitis, Hypertension, Seizures, Thyroid Disorder