

PASO ACUPUNCTURE & WELLNESS CENTER
Jennefer Radojevic, L.Ac., MSTOM

New Patient Intake

Name _____ Date _____

Home address _____

City _____ State _____ Zip _____

Cell Phone Number _____

Email _____

Occupation _____

How did you hear about us? _____

Date of birth _____ Age _____

Have you had acupuncture in the past? Yes () No ()

If so, when and where? _____

What are the main reasons you're seeking treatment today?

Please list any medications and/or supplements you're currently taking

Please list any allergies

List any accidents, surgeries, or hospitalizations (include year)

Do you currently experience any of the following? (Circle all that apply)

- | | | |
|------------------------|----------------------------|--------------------------------|
| Excessive appetite | Insomnia | Cough |
| Lack of appetite | Palpitations | Shortness of breath |
| Lose stools/diarrhea | Cold hands/feet | Decreased sense of smell |
| Digestive issues | Nightmares/vivid dreams | Post nasal drip |
| Vomiting/nausea | Mental restlessness | Skin issues |
| Belching/burping | Laughing without reason | Claustrophobia |
| Heartburn/ acid reflux | Chest pains | Colitis/diverticulitis |
| Bloating | Poor memory | Constipation |
| Obsessive thoughts | Sadness/depression | Blood in stool/hemorrhoids |
| Low back pain | Eye issues | Fatigue |
| Knee problems/pain | Jaundice | Edema |
| Hearing impairment | Intolerance to greasy food | Asthma |
| Ear ringing/tinnitus | Gallstones | Dizziness |
| Kidney stones | Soft/brittle nails | Easily/frequently catches cold |
| Decreased sex drive | Easily angered | Headaches/Migraines |
| Hair loss | Bitter taste in mouth | Usually feels warm |
| Urinary problems | Difficult making decisions | Usually feels cold |
| Easily bruised | High Cholesterol | Depression |
| Dental issues | Light colored stool | Anxiety |

What else is important for your Chinese Medical Practitioner to know?

Cancellation Policy: Because of the busy nature of our clinic, Paso Acupuncture & Wellness Center adheres to a strict cancellation policy. Appointments must be cancelled or changed within 24-hours of the scheduled appointment time. Without this appropriate notice the full cost of treatment will be incurred. If less than 24-hour notice is given, but we are able to reschedule your appointment within the same week as your original appointment, you will not incur the cancellation fee.

Initial here _____

Patient signature _____

Print name _____

Date _____