



DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Age: \_\_\_\_      Identifying gender: \_\_\_\_\_

Address: \_\_\_\_\_

Parent (s) name: \_\_\_\_\_

What is bringing you in today? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give a brief history. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What have you done or are doing for this? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your concerns and questions regarding acupuncture? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your goals with acupuncture? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please add anything that you would like to discuss at the consult that has not been mentioned.  
\_\_\_\_\_  
\_\_\_\_\_