

Chi Acupuncture and Herbal Medicine Clinic

Date: _____

Health History Summary

First name _____	Last name _____	Age _____	Date of Birth _____
Address _____			Postal Code _____
Cell phone: () _____ - _____	Home phone: () _____ - _____		
Email: _____	Occupation _____	Employer _____	
Marital Status: Single Married Divorced Other: _____	Number of Children _____		
Emergency Contact: _____	Relation: _____	Contact: _____	

Your Current Health Issues

The main reason for visiting today _____

Please rank the health problem from the higher to lower for their seriousness:

1) _____	How long? _____
2) _____	How long? _____
3) _____	How long? _____

Have you had acupuncture before? Y / N For what condition? _____

Have you taken Chinese herbal Medicine before? Y / N For what condition? _____

Have you tried any of the following alternate health care method before? Circle the ones applied.

Massage Therapist | Naturopathic Doctor | Chiropractor | Infertility speicalist | Others _____

How was the result? _____

General Health History

How would you rate your current state of health? Excellent Good Ave rage Not so good Poor

What is your weight? (around) _____ lbs / kg Did it change much since one year ago? Y It used to be _____ / N

Please list the 3 most stressful events in your life:

1) _____	How long? _____
2) _____	How long? _____
3) _____	How long? _____

Are you working with a counsellor, therapist or social worker?

Do you have any type of allergy? _____

How did you hear about Chi Acupuncture? Circle all that apply.	Is the information you found clear and helpful enough to find us?
A. Chiacupuncture.ca	It's clear.
B. Yellowpage.ca	Not so clear, I'd know about something else.
C. other	
D. Through other doctor or practitioner	
E. Friend or Relatives	