

YUNHEE LEE
Acupuncture at Healing Hands
Patient Intake Form

Name: _____

_____ First

_____ Last

Date of Birth: _____

Sex: M / F

Occupation: _____

Referred by: _____

Address: _____

_____ Street _____ City/Prov. _____ Postal Code

Phone Number: _____

_____ Home _____ Work _____ Cell

Email: _____

In case of Emergency: _____ Relationship: _____

Phone Number: _____

Have you received any other treatments for this condition: Yes / No

Medical Diagnosis: _____

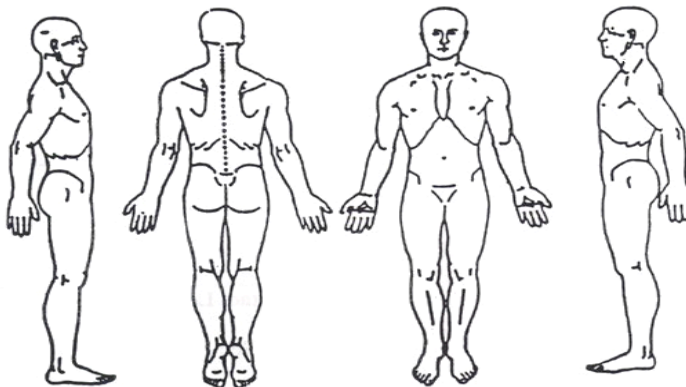
Medication currently taking: _____

Allergies: _____

Medical History

- | | | | |
|------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> High / Low Blood Pressure | <input type="checkbox"/> Fracture |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Stroke | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Sports Injury |
| <input type="checkbox"/> MVA | <input type="checkbox"/> Depression | <input type="checkbox"/> Neurosis | |

Please Indicate area(s) of pain:



Consent:

Your acupuncturist will make every effort to ensure that your treatment is safe and effective. If at any time you have any questions or concerns regarding treatment or anything your acupuncturist says please feel free to ask.

All paper work is kept confidential and will not be released to any third parties.

Cancellation Notice:

We do require **24-hour notice** for any cancellations. If you do not give us 24 hours notice you will be charged the full amount for your appointment. _____

Herbal Medicine:

I understand that these are **100% non-refundable**. Unless, otherwise discussed with my therapist.

Signature: _____

Date: _____