

ACUPUNCTURE AT KENNETT SQUARE, LLC

110 East State Street, Suite 305
Kennett Square, Pennsylvania 19348
610-235-9549

Name: _____ Date: _____

Address: _____

City: _____ State: ____ Zip: _____ Birth Date: _____

Phone: (H) _____ (B) _____ (Cell) _____

How did you hear about my services? _____

Why are you seeking treatment? _____

Please Underline:

Any of the following symptoms or conditions you are experiencing now or have had in the past

- | | | |
|-----------------------|----------------------------|-----------------------|
| Stiff Joints | Allergies | Auto-Immune Condition |
| Back / Neck Pain | Skin Irritations / Disease | Edema |
| Fatigue | Diabetes | Cancer |
| High Blood Pressure | Weight Control Issues | Tumors |
| Tendonitis / Bursitis | Depression | PMS |
| Spinal / Disc Problem | Headaches | Hepatitis |
| Arthritis | Anxiety | HIV / Aids |
| High Cholesterol | Insomnia | Sinus |
| Muscle Pain | Night Sweats | Digestion Problems |
| Sciatic Pain | Asthma | Difficult Menses |
| Circulation Problems | Constipation | Heart Palpitations |
| Carpel Tunnel | Diarrhea | Shortness of Breath |
| Seizures | Thyroid Disorder | Nausea |

What other treatment(s) have you had? _____

Are you Currently Pregnant? _____ How far along? _____

Prior Surgeries: _____

Any Known Allergies: _____

Medications You Are Now Taking: _____

Please describe your antibiotic use: How often and for what conditions: _____

How much sleep do you get at night? Do you wake up feeling rested? _____

What do you typically eat and drink? _____

Do certain foods give you problems? Please explain. _____

List any supplements or herbs you are now taking? _____

Additional Comments or Concerns: _____

Please Read and Sign

THIS TIME HAS BEEN SET-ASIDE FOR YOU, AND THIS TREATMENT IS AN IMPORTANT STEP TOWARDS YOUR OVERALL HEALING. AS A COURTESY TO OTHER CLIENTS AND YOUR THERAPIST, A 24-HOUR NOTICE IS REQUIRED TO CANCEL AN APPOINTMENT.

THERE IS A \$25.00 FEE FOR A MISSED APPOINTMENT, OR LESS THAN 24-HOUR CANCELLATION, EXCLUDING ACTUAL EMERGENCIES.

I UNDERSTAND THAT FULL PAYMENT IS DUE AT THE TIME OF THE APPOINTMENT.

IF ACUPUNCTURE IS COVERED THROUGH YOUR MEDICAL INSURANCE, FULL PAYMENT IS REQUIRED AT THE TIME SERVICES ARE RENDERED, AND THIS OFFICE WILL GIVE YOU AN ITEMIZED RECEIPT, SO YOUR INSURANCE COMPANY CAN REIMBURSE YOU DIRECTLY.

THANK YOU

Signature

Date