

EMAIL _____
(If you would like to receive select health related articles)

CALM SPIRIT ACUPUNCTURE

Alexia Bennetts, B.S., L.Ac., Dipl.Ac.
11890 West 64th Avenue, Arvada, CO 80004

REFERRED BY _____

ph# (303) 467-5337

TRADITIONAL CHINESE MEDICINE INTAKE FORM

Patient's name: _____ Date _____

Age _____ Height: _____ Weight: _____ Occupation: _____

Chief Complaint: _____

Condition worsens w/: _____

Condition improves w/: _____

When did this condition begin? _____

HOW WILLING ARE YOU TO MAKE CHANGES IN YOUR LIFESTYLE TO GET HEALTHY?

25% 50% 75% 100%

Please list any previous treatment or tests you have received:

Are you presently seeing a physician for ANY ailment? Yes No

If yes, for what?

Are you taking any medications, vitamins, or supplements? Yes No If so, please list them:

Please circle any of these conditions you have had any time in your lifetime:

Asthma	Hepatitis	Tuberculosis	High Blood Pressure	Arthritis
Bronchitis	Surgery	Epilepsy	Heart Disease	Low Blood Pressure
Pneumonia	Measles	Allergies	Depression	Colitis
Cancer	Mumps	Diabetes	Mental Illness	Ulcer
AIDS / HIV	German Measles	Leukemia	Hemophilia	Irritable Bowel
Meningitis	Shingles	Alcoholism	Mononucleosis	Thyroid Condition
Frostbite	Herpes	Substance Abuse	Car Accident	Been in Hospital