Acupuncture and Lifetime Wellness
601 North Broad Street
Lansdale, PA 19446
267-644-8013

New Patient Form—Welcome to our office

Name ______________________________ Date ______________

Address ______________________________

City/State/Zip code ______________________________

Home phone ______________ Work phone ______________

Email ______________________________

Occupation ______________________________

Birth date ______________________________

Emergency contact (name, phone) ______________________________

Referred by ______________________________

___single ___married ___divorced ___widowed ___significant other ___children

Have you ever had acupuncture? ______________________________

When? ______________ Where? ______________

For what condition? ______________________________

Did it help? ______________________________

What can acupuncture help you with today? ______________________________

List all current medications. ______________________________

____

____

List all current vitamins, herbs, and other supplements. ______________________________

____

____

Significant illnesses (Please check all that apply.)

___cancer ___seizures ___thyroid ___shingles

___diabetes ___HIV/AIDS ___asthma ___chronic fatigue

___hepatitis ___pneumonia ___stomach ulcers ___rheumatic fever

___heart disease ___tuberculosis ___STDs ___high blood pressure

___stroke ___multiple sclerosis ___depression ___other ______________

Have you ever had surgery? (Please include dates of surgeries.)______________________________________

____

____

List any allergies.____

____

____

Does your lifestyle include

___ tobacco
___ alcohol
___ recreational drugs
___ caffeinated beverages

What do you do for exercise? (Please list frequency and types of activity.) ______________________

____

____

Emotional stress scale									
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
(no stress)				**(moderate stress)**				**(extremely stressed)**	

Rate your stress level regarding

Work ______
Health ______
Love ______

Money ______
Family ______
Future ______