

Patient Information Sheet

Chinese Acupuncture Center at Princeton | 330 North Harrison St. Suite 5, Princeton, NJ 08540 | Phone: 609-683-9599 | www.chineseacupunctureprinceton.com

Last Name:		First Name:		Preferred Name:		Occupation:		Referred By:	
Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth:		Age:	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/>				Tel:	
Address:					City:		State:		Zip:
Home Phone:			Work Phone:			Cell Phone:			
Emergency Contact & Relationship:					Phone Numbers of Emergency Contact: Primary: _____ Alternate: _____				
Who Is Responsible For Your Bill: Self/Spouse <input type="checkbox"/> Parents <input type="checkbox"/> Work's Comp <input type="checkbox"/> Auto Injury with Med Pay <input type="checkbox"/> Other _____ Major Medical Insurance <input type="checkbox"/> Name _____ and ID # _____									
Email Address: Please be assured that your e-mail address will only be used by our office for your needs and will not be sold to another company or individual.									
Primary Care Doctor: Name: _____ Tel: _____					Specialty: _____				
Other Doctor You See: Name: _____ Tel: _____					Specialty: _____				
Major Complaints:									

Please Answer the Following Question:

	Yes	No		Yes	No
Do you have a tendency to faint?	<input type="checkbox"/>	<input type="checkbox"/>	Are you HIV+?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a pacemaker?	<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant? (women)	<input type="checkbox"/>	<input type="checkbox"/>
Do you bleed for a long time?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had Hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>

Medication: Please list all prescription medications you use. If you need more space, please attach a separate sheet.					
Prescription Name	Purpose:	How Long	Dose	How Often	Last Dose

Why Acupuncture? People go to Acupuncture for a variety of reasons. Some go for symptomatic relief of pain or discomfort (Relief Care). Others are interested in having the cause of the problem as well as symptoms corrected and relieved (Corrective Care). Still others want whatever is malfunctioning in their bodies brought to the highest state of health possible with Acupuncture care (Comprehensive Care). Your practitioner will weigh your needs and desires when recommending your treatment program.

Please check the type of care desired so that we may be guided by your wishes whenever possible.

_____ Relief Care _____ Corrective Care _____ Comprehensive Care

_____ Check here if you want the practitioner to select the type of care appropriate to your condition.