

STANLEY J. HUBBARD
Acupuncture Physician

PATIENT INTAKE FORM

Name _____ Date _____

Address _____ Phone _____

_____ Date of Birth _____

Occupation _____

1. Please state your reason for coming. _____

 2. List any health problems; include date of onset and symptoms. _____

 3. List any medications that you are taking. _____

 4. Please give a brief description of your diet. _____

 5. How's your appetite. _____
 6. Any digestion problems such as heartburn, ulcers, gas? _____

 7. How often do you move your bowels? _____
 8. How is your sleep? _____
 9. List any other aches, pains, or problems not listed above. _____

 10. Medical History: List major illnesses and surgeries. _____

 11. Have you ever tested positive for HIV? Yes _____ No _____
Have you ever tested positive for Hepatitis? Yes _____ No _____
 12. Were you referred to us by anyone? Yes _____ No _____
If yes, by whom? _____
 13. List drug, alcohol, and cigarette intake. _____
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