

Harmony & Health

Jagjit Khalsa, LAc, LMT

Patient Intake Form

Acupuncture OM

(512)921-9899

HarmonyAndHealth.com

Full name	Sex <input type="checkbox"/> F <input type="checkbox"/> M	Date
Date of Birth	Age	Occupation
Main phone #	Other phone #	
E-mail address	Allow e-mail contact by H&H <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency contact name & phone	Marital status	# of children
Address:	City	State Zip
Family physician	Chiropractor	
Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of insurance company		
Does your insurance cover acupuncture? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How did you find out about our clinic?		

Main problem(s): _____

To what extent does the problem interfere with your daily activity (work, exercise, sleep, sex, etc.)? _____

When did the problem begin? _____

What diagnosis, if any, have you received for this problem? _____

What kind of treatments have you tried? _____

Medical History

Diagnosis	Self	Family	Diagnosis	Self	Family	Diagnosis	Self	Family
Cancer			Breathing problems			Tuberculosis		
Diabetes			Heart disease			High cholesterol		
Hepatitis			Digestive disorders			High blood pressure		
Thyroid disease			STD			Emotional disorders		
Seizures			Alcoholism			Anemia		
Arthritis			Depression or anxiety			Other		

Surgeries (types & dates): _____ Hospitalization (reason & dates): _____

Significant trauma (auto accidents, sport injuries, etc): _____

Significant dental work: _____

Allergies (drugs, chemicals, foods, environmental): _____

Stress (occupational, chemical, physical, psychological): _____

Birth History (prolonged labor, forceps, premature, etc.) _____