

# Harmony & Health

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## Patient Intake Form

# Acupuncture OM

(512)921-9899

HarmonyAndHealth.com

Medicines taken within the last two months (including vitamins, OTC drugs, herbs, etc., and their dosages):

Habits Do you smoke?  Yes  No What? \_\_\_\_\_ How many per day? \_\_\_\_\_ Since when? \_\_\_\_\_

Please describe any use of drugs for non-medical purposes: \_\_\_\_\_

Do you exercise regularly?  Yes  No Please describe your exercise program: \_\_\_\_\_

Are you or have you been on a restricted diet? What kind and why? \_\_\_\_\_

Please describe your average daily diet including beverages (Please be as specific as possible):

Morning \_\_\_\_\_

Afternoon \_\_\_\_\_

Evening \_\_\_\_\_

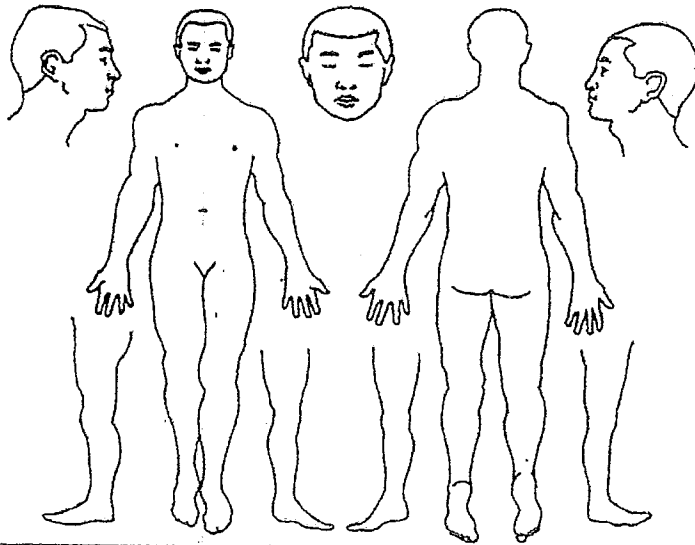
Snacks \_\_\_\_\_

Indicate painful or distressed areas.

Sharp/ Stabbing = XXXX  
Shooting = <<<<<

Numbness = NNNNN  
Dull/Aching = DDDDD

Burning = BBBBB  
Cramps = CCCCC



### Pain severity scale.

Please place a mark on the line that corresponds to your current pain

NO PAIN 0 1 2 3 4 5 6 7 8 9 10 WORST PAIN EVER

Please place a mark on the line that corresponds to your average pain

NO PAIN 0 1 2 3 4 5 6 7 8 9 10 WORST PAIN EVER

What brought the pain on? \_\_\_\_\_

What makes the pain better? \_\_\_\_\_ What makes it worse? \_\_\_\_\_

How often does the pain exist? \_\_\_\_\_ And for how long? \_\_\_\_\_

Any prior injuries to the area of pain? \_\_\_\_\_