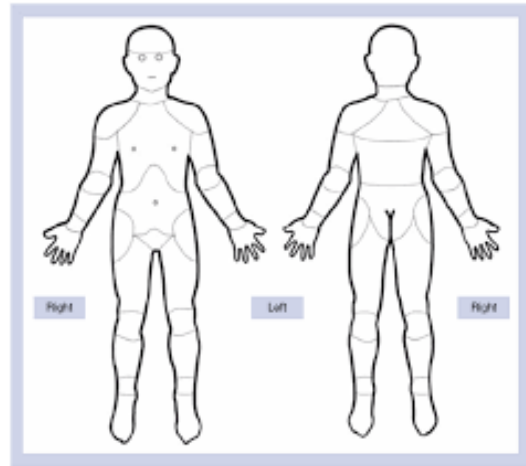
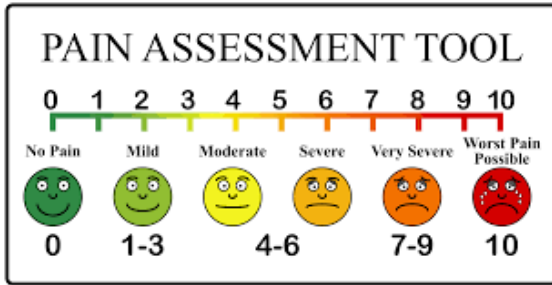


Acupuncture Return Patient Intake

Print Name: _____

Pain Conditions:



Structural/Spine Issues:

Quality of sleep:

Wake feeling rested:

Trouble falling asleep? Yes No

Trouble staying asleep? Yes No

Stress Level (1-10):

Mental & Emotional Issues:

Other concerns:

Changes in nature or location of issues:

Respiratory Issues:

Circulatory & Cardiovascular Issues:

Autoimmune Issues:

Digestive Issues:

(Office Use Only)

TCM DX:

TCM TX (circled):

LV3, 4, 9---LI4, 10, 11, 20---ST3, 36, 37, 38, 40

GB14, 34, 40, 41---TB5---LU 1, 6, 7, 9, 10

KI3, 6, 7---BL2, 40, 60, 62---SI3, 4, 5---HT5, 7, 8

SP3, 4, 6, 9, 10 PER6, 7, 8---DU 20

Yintang, Taiyin, Bitang

Tung:

Ear: Shen Men, Brain, Apex, Smoking

Herbal Therapy:

Home Aroma Acupressure:

Patient Signature: _____ Date: _____

L.Ac. Signature: _____