

Raleigh Acupuncture Associates

New Patient Form

Date:

Name	Cell phone #	Home phone #
Street address	City, State Zip	Email address
Date of birth	Height/Weight	How Did You Find Us?
Emergency contact name	Emergency contact phone #	Your occupation

Diagnosed medical conditions (i.e., high blood pressure, diabetes):

Current medications / Allergies to medications:

Recent hospitalizations/surgeries:

Circle if you use: Tobacco, Alcohol, Caffeine or Recreational drugs. Indicate amount/frequency.

List current health practitioners (Name/Specialty/Phone):

Are you pregnant? Yes / No (women only)

Do you have any biomedical devices (ie, artificial joints, cardiac pacemaker)? Please list:

What is the main condition that brought you here today?