Vineland Community Acupuncture, LLC
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vinelandcommunityacupuncture.com
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New Patient Registration Form

Name: _____ Preferred name/nickname:_____
Address: _____City: _____State:_____ Zip:_____
Date of Birth: _____ Gender: _____
Occupation: _____ Best Phone: _____
Email Address: _____Can we send you our newsletter? Yes / No
Medical Doctor (primary): _____Phone: _____
Emergency Contact:_____Phone: _____
Have You Had Acupuncture Previously? Yes / No
How Did You Hear About Us?:_____

Health History

What are your primary reasons for coming in for treatment?
1. _____
2. _____
3. _____

Have you seen your doctor about these concerns?
_____

Do you have any trouble sleeping? _____
Explain: _____

Do you have any trouble digesting your food?_____
_____

How often do you move your bowels?_____
With ease?_____

Could you be pregnant? _____

List all medications or supplements you are currently taking:
_____
_____
_____
_____
_____
_____
_____
_____

List serious illnesses, accidents or injuries:
_____
_____
_____
_____
_____
_____
_____
_____

Check conditions you have or have had in the past:
- ▫ Allergies
- ▫ Anemia
- ▫ Arthritis
- ▫ Bleeding disorders
- ▫ Cancer
- ▫ Diabetes
- ▫ Immune System disorder/disease

When was the last time you had a complete physical exam?_____

Check symptoms you have or have had in the last year:

- ▫ Depression
- ▫ Difficulty in focusing
- ▫ Dizziness
- ▫ Easily startled
- ▫ Excessive worry
- ▫ Excessive anger
- ▫ Excessive fear
- ▫ Fatigue/tiredness
- ▫ Headaches
- ▫ Poor sleep
- ▫ Loss or gain of weight
- ▫ Nervousness/irritability
- ▫ Overwhelmed by life

MUSCLE/JOINT/BONES

Pain, weakness, numbness in:

- ▫ Arms
- ▫ Hands
- ▫ Hips
- ▫ Legs
- ▫ Feet
- ▫ Neck
- ▫ Shoulders
- ▫ Other_____

EYES/EAR/NOSE/THROAT/RESPIRATORY

- ▫ Asthma/wheezing
- ▫ Blurred or failing vision
- ▫ Difficulty breathing
- ▫ Earache
- ▫ Enlarged glands
- ▫ Eye pain
- ▫ Frequent colds
- ▫ Hay fever
- ▫ Hoarseness
- ▫ Gum trouble
- ▫ Nose bleeds
- ▫ Loss of hearing
- ▫ Persistent cough
- ▫ Ringing in ears
- ▫ Sinus problems

SKIN

- ▫ Boils
- ▫ Bruise easily
- ▫ Dry skin
- ▫ Itching/rash
- ▫ Sensitive skin
- ▫ Sore won't heal
- ▫ Sweats

Check symptoms you have or have had in the last year:

CARDIOVASCULAR

- ▫ Chest pain
- ▫ Hardening of arteries
- ▫ High or low blood pressure
- ▫ Pain over heart
- ▫ Poor circulation
- ▫ Heart attack
- ▫ Rapid/irregular heart beat
- ▫ Swelling of ankles

GASTROINTESTINAL

- ▫ Belching, gas or bloating
- ▫ Colon trouble
- ▫ Constipation
- ▫ Diarrhea
- ▫ Difficulty swallowing
- ▫ Distention of abdomen
- ▫ Excessive hunger
- ▫ Gall bladder trouble
- ▫ Hemorrhoids
- ▫ Indigestion
- ▫ Nausea
- ▫ Pain over stomach
- ▫ Poor appetite
- ▫ Vomiting

FOR MEN ONLY

- ▫ Erection difficulties
- ▫ Penis discharge
- ▫ Prostate trouble

FOR WOMEN ONLY

- ▫ Bleeding between periods
- ▫ Clots in menses
- ▫ Excessive menstrual flow
- ▫ Extreme menstrual pain
- ▫ Irregular cycle
- ▫ Menopausal symptoms
- ▫ PMS
- ▫ Previous miscarriage
- ▫ Scanty menstrual flow

GENITO/URINARY

- ▫ Blood/pus in urine
- ▫ Frequent urination
- ▫ Inability to control urine
- ▫ Kidney infection/stones
- ▫ Lowered libido

SIGNATURE: Clients at Vineland Community Acupuncture (VCA) are advised by VCA to consult a physician regarding the health conditions for which they are seeking acupuncture treatment. Clients are responsible for seeking the advice and treatment of a physician should their symptoms change or a new condition arise. Practitioners at VCA do not diagnose conditions. By signing below, I state that I understand the above statement and all information on this form is accurate to the best of my knowledge

Signature_____ Date _____