

Mt. Tabor Acupuncture Clinic

6235 E. Burnside St. Portland, OR 97215

Jen Conjerti L.Ac. 503 984 4748, Carey Pivceovich L.Ac. 503 810 4826

Name _____ Date _____

Street Address _____

City _____ State _____ SSN _____

Home Telephone _____ Work Telephone _____

Date of Birth _____ Gender _____ Marital/Partner Status _____

Emergency Contact _____ Telephone _____ Relationship _____

Successful health care and preventative medicine are only possible when the physician has a complete understanding of the patient—physically, mentally, and emotionally. Please complete this questionnaire as thoroughly as possible. Print all information and indicate areas of confusion with a question mark. Thank you.

1. Are you currently receiving health care? Y N

If YES, then where and from whom? _____

If NO, then when and where did you last receive health care? _____

For what reason? _____

2. Has your case been referred to an attorney? Y N

3. Please identify the health concerns that have brought you here.

Condition

Past Treatment

a. _____

How does this condition affect you? _____

b. _____

How does this condition affect you? _____

c. _____

How does this condition affect you? _____

d. _____

How does this condition affect you? _____

4. What are your most important health problems? Please list in order of importance.

a. _____ b. _____

c. _____ d. _____

5. Do you have any reason to believe that you are pregnant? **Y** **N**

6. Do you have any chronic infectious diseases? **Y** **N**

7. Do you currently suffer from any chronic illnesses? **Y** **N**

8. Please list any food, drugs, or medications to which you are allergic and your reactions to them:

9. Please circle any of the following medications that you are currently taking:

Laxatives Pain Relievers Antacids Thyroid Medication Appetite Suppressants

Antibiotics Tranquilizers Cortisone Sleeping Pills Blood Pressure Medication

10. Please list any prescription medications, over-the –counter medications, vitamins and supplements that you take”

a. _____ b. _____

c. _____ d. _____

11. Height _____ Weight(current) _____ Weight(past maximum) _____ when? _____

12. **Blood Pressure:** What is your most recent blood pressure reading ____/____ When? _____

13.