ABUNDANCE ACUPUNCTURE, INC.

☯ W1185 McCrae Road, Fall River, WI 53932 (920) 484-5000 ☯

"Realize the wonderful benefits of Oriental Medicine"

Returning Patient

Supplemental Health History

Name_____ Age_____ Today's Date_____

Note any **changes** in your home, work, or cell phone numbers or address: _____

_____

E-mail address _____

I am returning due to a □ new condition. □ continuing condition. Please describe:_____

_____

_____

_____

If this is a new condition how long has it been bothering you? _____

Was there an accident or other known cause for this condition?_____

Have you consulted a □ Medical Doctor, □ Chiropractor, □ Other_____ about this condition?

Check off any of the following symptoms you have experienced in the past 3 months.

□ Headaches	□ Ankle or Foot Pain	□ Irritability	□ Depression
□ Fatigue/Tired	□ Elbow, Wrist, or Hand Pain	□ High Blood pressure	□ Digestive Disturbances
□ Low Back Pain	□ Other Pain _____	□ PMS	□ Acid reflux
□ Neck Pain	□ Neck or Shoulder Tension	□ Menstrual Issues	□ Diarrhea
□ Shoulder Pain	□ Allergies or Sinus Problems	□ Menopausal Issues	□ Constipation
□ Hip Pain	□ Difficulty Breathing	□ Poor Memory	□ Weight Trouble
□ Knee Pain	□ Difficulty Sleeping	□ Anxiety	□ Other_____

Please list any new medications or supplements _____

_____

_____

Any Additional Comments:_____

_____

_____

_____

The best time for my appointments would be: □ Mon. □ Tue. □ Wed. □ Thur. □ Fri. □ Mornings □ Afternoons □ Early Evenings