

St Thomas Acupuncture Intake Form

Name:	Today's Date:
Date of Birth:	Sex: M F
Address:	Primary Phone:
	Secondary Phone:
Email:	Occupation:

Emergency Contact:	Phone:	Relationship:
Family Physician:	Phone:	Name of Clinic:

Are you currently under a physician's care?	If yes, for what?
List current prescription medications:	List current supplements/vitamins:

Reason for today's visit:	How long has this been an issue?
1.	
2.	
3.	