



# HEALTH HISTORY QUESTIONNAIRE FOR PATIENTS

Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Preferred method of communication: \_\_\_\_\_

\*is it OK to leave messages:  Home  Cell  Email

Date/Place of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_

In Emergency Notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred by: Internet / Friend / Family Member / Ad / Other: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Have you tried Acupuncture, Chinese herbal medicine or BodyTalk before? \_\_\_\_\_

MAIN PROBLEM(S) YOU WOULD LIKE TO ADDRESS: \_\_\_\_\_

To what extent does this problem affect your daily activities (work, sleep, eating, etc.)? \_\_\_\_\_

How long has it been since you first noticed any symptoms? \_\_\_\_\_

Have you been given a diagnosis for the problem by your family physician? \_\_\_\_\_

If so, what is it? \_\_\_\_\_

What kind of treatment or therapy have you tried? \_\_\_\_\_

## PAST MEDICAL HISTORY (PLEASE INCLUDE DATES):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Allergies           | <input type="checkbox"/> Rheumatic Fever         | <input type="checkbox"/> Other significant illness |
| <input type="checkbox"/> Cancer              | <input type="checkbox"/> Surgeries               | _____  |
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Venereal Disease        | _____  |
| <input type="checkbox"/> Hepatitis           | <input type="checkbox"/> Thyroid Disease         | <input type="checkbox"/> Accidents or other trauma |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Birth trauma (prolonged | _____  |
| <input type="checkbox"/> Heart disease       | labor, forceps delivery, etc.)                   | _____  |
| <input type="checkbox"/> Seizures            | _____  |  |

## OTHER RELEVANT MEDICAL HISTORY:

\_\_\_\_\_

\_\_\_\_\_





Beaches Acupuncture  
&  
Wellness Center

**Cancellations and Late Arrivals**

In an effort to continue to provide prompt attention to each of our clients, the following must apply:

If you arrive late to an appointment at Beaches Acupuncture & Wellness Center Inc, you will still be responsible for paying for the entire appointment.

Cancellations must be within 48 hours prior to a new patient appointment and 24 hours prior to a regularly scheduled visit. If for whatever reason these time frames are not satisfied, the patient is responsible for payment of 100% of the set fee.

If a patient doesn't show for an appointment, a charge of the full fee will apply.

Credit Card Type: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

V-Code (digits printed on back of card): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fee for Service**

At Beaches Acupuncture & Wellness Center Inc., all appointments and supplements are available on a fee for service basis. Full payment for any office visit, testing and supplements is required at the time of the appointment. We accept VISA, MASTERCARD, DISCOVER, cash and checks.

\_\_\_\_\_ Initial

**Insurance**

We do not file claims with insurance companies at this time. Upon request, we will give you a superbill, complete with CPT and ICD-9 codes for your visit, but it is your responsibility to file that with your insurance company. Should your insurance company send us information regarding your visits or claims, we will mail or e-mail that information to you in a timely manner, but we will not correspond with your insurance company.

\_\_\_\_\_ Initial

**Nutritional Health vs. Primary Care & Clean Needle Technique**

Beaches Acupuncture & Wellness Center Inc. is not staffed by a Medical Doctor. The services and recommendations we render are intended to supplement the already existing relationship you have with your primary care physician. Our recommendations are made with the goal of optimal health in mind and are not intended to diagnose or treat any serious or chronic medical conditions. Clean Needle Technique is always practiced.

\_\_\_\_\_ Initial