Magnolia Acupuncture Clinic

434 N. Columbia St., Ste L
Covington, La 70433
(985) 590-5172

New Patient Questionnaire

This information will be kept confidential

Name: _____ Today's Date: _____/_____/_____

Age: _____ Birth Date: _____/_____/_____ Gender: ❑M ❑F Height:_____ Weight _____

Marital Status: ❑Single ❑Married ❑Divorced ❑Widowed

Address_____

City: _____ State:_____ Zip:_____

Home phone(_____)_____ Cell Phone: (_____)_____ Email:_____

Occupation: _____ Employer: _____

How long employed there? _____ Work Phone: (_____)_____ Ext: _____

Physician Name: _____ Specialty: _____ Phone: (_____)_____

Emergency Contact: _____ Relationship: _____ Phone: (_____)_____

How did you hear about Magnolia Acupuncture Clinic? _____

Have you ever received acupuncture and/or herbal therapy before? ❑Yes ❑No

What is your main complaint today? _____

How long have you had this problem? _____

Are there any other conditions you would like to address?_____

Please indicate if any of the following applies to you:

❑ Stroke ❑Seizures ❑Blood Clots ❑High Blood Pressure ❑Low Blood Pressure ❑Heart Conditions

❑HIV/AIDS ❑Pacemaker ❑Blood Thinning Meds ❑Pregnant/Nursing

Please list any other major medical conditions_____

Please list all allergies (food, medications, etc) _____

_____

Previous hospitalizations/surgeries/serious illness/accidents: Date

_____ _____

_____ _____

_____ _____

Please list all medications/supplements/vitamins you are currently taking or have recently taken:

Medication	For what?	How much?	How long?

Please briefly describe any health issues you have regarding the following:

Nose, Mouth, Throat_____

_____

Head and Ears_____

_____

Digestive/Urinary_____

_____

Skin & Hair _____

_____

Respiratory_____

_____

Cardiovascular _____

_____

Psychological _____

_____