

NEW PATIENT INTAKE FORM (v 1.2)

Starting date _____ Today's date _____

How did you find us? _____

I understand this is NOT billable to insurance (Please Initial _____)

Lname _____ Fname _____ M _____

Home Address _____

City _____ State _____ Zip _____

H Phone _____ W Phone _____

C Phone _____ E-mail _____

Primary Complaint _____

Secondary Complaint _____

Physical Complaints _____

Psychological / Mood Complaints _____

Long Term Goal / Strategy _____

Short Term Goal _____

CATEGORIES IN ORDER OF DISCOVERY

_____ Structural _____ Chemical _____ Emotional _____ Meridian

PATIENT PROGRESS FORM

Name _____ Today's date _____ By _____

CATEGORIES IN ORDER OF DISCOVERY

_____ Structural _____ Chemical _____ Emotional _____ Meridian

EMOTIONAL LIPOSUCTION POINTS (0-10)

SENSATION SCALE

PRIMARY

SECONDARY

Before

After

Before

After

_____ Anger _____
_____ Bitterness _____
_____ Fear _____
_____ Guilt _____
_____ Rage _____
_____ Anguish _____
_____ Sorrow _____
_____ Abandonment _____

_____ Anger _____
_____ Bitterness _____
_____ Fear _____
_____ Guilt _____
_____ Rage _____
_____ Anguish _____
_____ Sorrow _____
_____ Abandonment _____

Structural Recommendations:

Acupuncture Therapy:

Tuina Therapy:

Chi Kung Circulation Therapy:

Nutritional Recommendations: