

# Family Acupuncture Clinic

3150 E. Imperial Hwy #200 Lynwood, CA 90262

Please take a few moments to fill out this questionnaire carefully. All answers will be held strictly confidential. If you have any questions, please ask us. Thank you.

## Patient Progress Form

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Sex: M / F Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_ B/P : \_\_\_\_/\_\_\_\_(\_\_\_\_) Wt: \_\_\_\_\_

**Health Insurance:** Yes ( ), No ( ) If Yes, What company? \_\_\_\_\_

### Chief Complaint

Reason for visit: \_\_\_\_\_

Location of your pain:

Head Shoulder Mid Back Leg Ankle/Foot Wrist/Hand

Neck Headaches Low Back Knee Hips/Buttocks Arm

Diagnosis from MD: \_\_\_\_\_

When did it start? \_\_\_\_\_

When are the symptoms worst? \_\_\_\_\_

When are the symptoms better? \_\_\_\_\_

Does anything make it better? If so what? \_\_\_\_\_

\_\_\_\_\_

What makes it worse? \_\_\_\_\_

\_\_\_\_\_

Have you tried other therapies for this condition? If so, what? \_\_\_\_\_

\_\_\_\_\_

Today's Pain Level is? 1 2 3 4 5 6 7 8 9 10

### Medical History

☐ Hospitalizations

☐ Pregnancy

☐ Allergies

☐ Dermatitis

☐ Heart Disease

☐ High / Low Blood Pressure

☐ Lung Disease

☐ Liver Disease

☐ Kidney Disease

☐ Diabetes

☐ Cancer

☐ Hepatitis

☐ AIDS

☐ Thyroid Disease

☐ Seizure

