



602 Carpenter Lane
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 (215) 844-2774
 phillyacupuncture.com

Above the High Point Cafe
 Entrance on Greene Street

Registration Form / Health History Questionnaire

LEGAL NAME _____ PREFERRED NAME _____

ADDRESS _____
 STREET APT# CITY STATE ZIP CODE

TELEPHONE _____
 HOME WORK CELL

EMAIL _____

DATE OF BIRTH ____/____/____ FEMALE / MALE / TRANS* (FtM/MtF)
 PREFERRED PRONOUN: HE/ SHE / OTHER _____

HOW DID YOU LEARN ABOUT PCA? _____

FIRST TIME GETTING ACUPUNCTURE? _____

OCCUPATION _____ COMPANY NAME _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

TELEPHONE _____
 HOME WORK CELL

SIGNATURE _____ DATE ____/____/____

What are your primary reasons for coming in for treatment?

1. _____
2. _____
3. _____

How is your sleep? _____ Check those you have or have had this year:
 _____ Difficulty coping with stress and/or emotions
 How is your digestion? _____ Depression/Anxiety
 _____ Major life events (i.e. move, job loss, relationship change)
 Medications/Supplements you take: _____ Major change in overall health

 Major Illnesses/Accidents/Surgeries: _____ Do you exercise regularly? _____
 Do you have access to primary medical care? _____ Do you want support in cutting back on any addictive habits?
 Could you be pregnant? No Yes _____