



602 Carpenter Lane  
Philadelphia, PA  
19119  
(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?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How is your sleep? \_\_\_\_\_

How is your digestion? \_\_\_\_\_

Medications/Supplements you take: \_\_\_\_\_

Check those you have or have had this year:

- Difficulty coping with stress and/or emotions
- Depression/Anxiety
- Major life events (i.e. move, job loss, relationship change)
- Major change in overall health

Major Illnesses/Accidents/Surgeries: \_\_\_\_\_

Do you have access to primary medical care? \_\_\_\_\_

Could you be pregnant?  No  Yes