



602 Carpenter Ln. Philadelphia, PA 19119 (entrance on Greene St)
(215) 844-2774
phillyacupuncture.org

Registration Form / Health History Questionnaire

Preferred Name _____ Legal Name _____

Address _____
Street Apt# City State Zip Code

Telephone _____ Email _____

Date of Birth ___/___/___ Gender _____ Pronoun _____

How did you learn about PCA? _____

Is this your first time getting acupuncture? _____

Occupation _____ Company Name _____

Emergency Contact _____ Relationship _____

Telephone _____

Signature _____ Date ___/___/___

What are your primary reasons for coming in for treatment?

How is your sleep? _____

How is your digestion? _____

Medications/Supplements you take: _____

Major Illnesses/Accidents/Surgeries: _____

Check those you have or have had this year:

- Difficulty coping with stress and/or emotions
- Depression/Anxiety
- Major life events (move, job loss, relationship change)
- Major change in overall health
- Do you have access to primary medical care?

Could you be pregnant? No Yes