

# Branches of Wellness Acupuncture Inc.

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(805) 481-1035

www.branchesofwellnessacupuncture.com

Name	Today's Date	
Home Phone	Cell Phone	Text appt. reminders? Yes Join Monthly Newsletter? Yes
Email	Date of Birth	
Address	City	Zip
Referred By		
Emergency Contact Name	Relationship	Phone
Occupation	Employer	
Primary Care Physician Name	Date of Last Physical Exam	
Other Practitioners		
Have you had Traditional Chinese Medicine therapies in the past? NO YES, With whom?		

## **MAJOR COMPLAINT, INJURY OR ILLNESS**

*Describe when your injury or symptoms began*

List all medications & supplements taken in the last two months