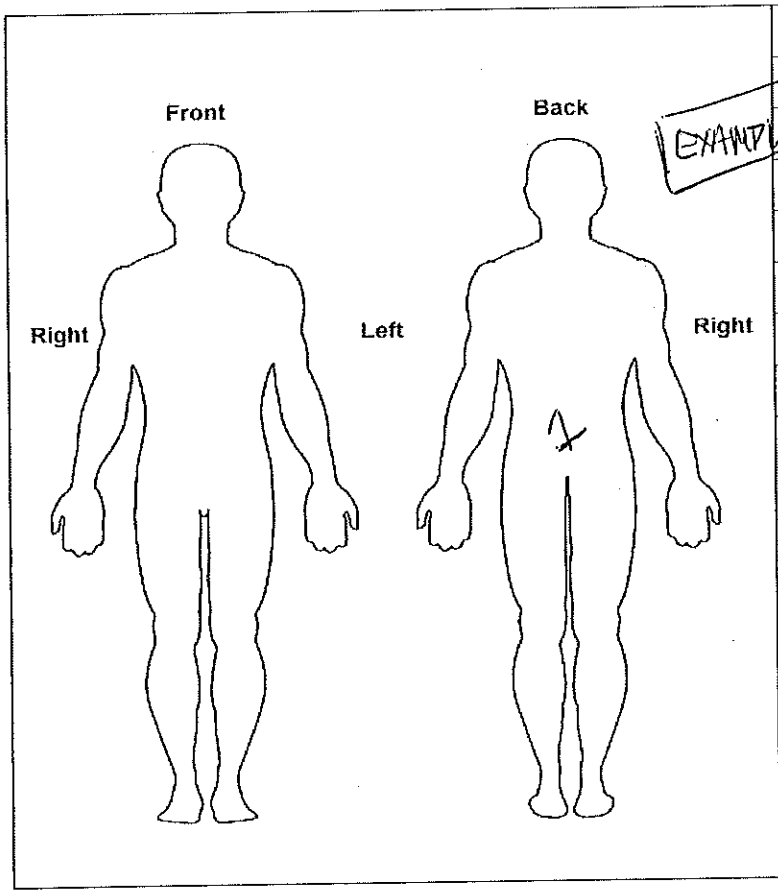
Acupuncture Intake Form

Name | **Date**

DOB | **Sex**

Email | **Phone**

Address



Complaint		
#	Location	Symptom
EXAMPLE 1	low back	pain + stiffness
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Major Complaint and Symptoms

Current Medications and Supplements

What makes it better or worse?