*INTEGRA HEALTHCARE*

*Laura Aguiar L.Ac.*

*405 Kains Ave. Suite 110*

*Albany, California 94706*

**PATIENT INFORMATION**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex\_\_\_\_\_Birth Date\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_

Cell/Home #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation/Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work #\_\_\_\_\_\_\_\_\_\_\_

Primary Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other Health Care Provider(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell/Home #\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work #\_\_\_\_\_\_\_\_\_\_\_\_

Referred By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Have you used Acupuncture or Chinese Herbs before? \_\_\_\_\_

Primary reason for visit:

Other complaints:

Please list any major surgeries, hospitalizations, injuries, emotional trauma:

Please list all current medications and medications used long-term in past:

Please list any supplements (e.g. vitamins, herbs) used:

Do you consider your diet to be balanced?

Please list any dietary restrictions (e.g. vegetarian, gluten-free):

Please describe your use (if at all) of alcohol, caffeine, cigarettes, and drugs:

Please list any allergies (e.g. food, drug, environmental):

Number of Pregnancies\_\_\_\_\_ Number of Births\_\_\_\_\_

Is there anything else you think is important for us to know?

**\* If you need to cancel your appointment, please by sure to give at least 24 hours notice, otherwise you will be charged for the missed visit.**

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_