



William A. Wood, L.Ac / Aaron Winning, L.Ac  
Acupuncture & Herbal Medicine

This information is essential for the diagnostic procedure and helps us to provide you with better treatment. Please fill out as accurately as you can. This information is confidential.

New Patient Intake Form	
Patient Name:	Date:
Address:	City/St/Zip:
Address Line 2/Other:	Email:
Phone:	Alt Phone:
Emergency Contact:	Contact Phone:
How did you hear about us?	Referred by:

**Insurance (if applicable)**

Primary Insurance Company Name:		
	Group #:	Phone:
Secondary Insurance Company Name: NA		
ID#	Group #:	Phone:
DOB:	SS#	DL#:

**This Box For Office Use Only** Acupuncture Coverage  yes  no \* MD Referral Needed  yes  no \* L.Ac can be  In-Network  Out-of-Network  
 Bill under Wood  Bill under physician \* Deductible Met  yes  no \* Deductible Amount: \_\_\_\_\_ \* Treatment # < Ded. met: \_\_\_\_\_ \* Ded. Period: \_\_\_\_\_  
 \* Copay: \_\_\_\_\_ \* Acupuncture Treatment Limits – Cap: \_\_\_\_\_ Tx Limit: \_\_\_\_\_ Other: \_\_\_\_\_

**Medical History**

Please shortly describe your main complaint(s):
What has been diagnosed by your M.D.?
Any problems during your childbirth?
Vaccinations: Any reactions that you remember? Unusual Vaccinations?
Note location of any scars:

**Surgery/ Major Accidents or Illness**

Childhood:
Adolescence:
Adulthood:



Medical History or Secondary Complaints	If applicable

Family History	Please note all major illnesses in your immediate family

Medications
Prescriptions & supplements:
Drug use past/present:
List any allergies:

Symptom List	Circle any current symptoms. Underline items that have affected you in the past.		
<p><i>General:</i>            Insomnia * Weakness            Exhaustion * Angry * Irritable            Depression * Anxiety            Difficulty concentrating            Easily get car sick            No appetite for breakfast            Moody in mornings            Unusual sweating</p> <p><i>Female:</i>  <b>Menstrual:</b>            Cramping * Heavy * Light            Irregular, Emotional            Menopause symptoms            Breast tenderness * Tubal -            ligation * Infertility            Low Libido * Cystitis</p> <p><i>Before Noon:</i>            No energy * Feel spacey            Energetic in evening through            midnight * Long shower or            bath makes you feel dizzy</p> <p><i>Other:</i></p>	<p><i>Male:</i>            Infertility * Impotence            Premature ejaculation            Prostate problem            Vasectomy</p> <p><i>Skin:</i>            Eczema * Acne * Rash            Dermatitis * Furuncles            Fungal Infection * Warts            Psoriasis * Dry Scalp</p> <p><i>Respiratory:</i>            Asthma *Bronchitis *Cough            Wheeze * Pneumonia            Lung Abscess            Shortness of Breath</p> <p><i>Heart &amp; Vascular:</i>            Pulse over 100bpm            Pulse under 60bpm            Palpitation            Irregular pulse            Pressure in chest            Shortness of breath</p> <p><i>Oral Disease:</i>            Bleeding gums * TMJ            Periodontitis * Toothache            Mouth sores * Stomatitis</p>	<p><i>Heart &amp; Vascular:</i>            Dizziness            Migraine            Headache with nausea            Cold hands or feet            Raynaud’s disease            Flushed face            Anemia            High blood pressure            Low blood pressure            Cold sweat</p> <p><i>Gastrointestinal:</i>            Constipation * Diarrhea            No appetite * Stomach Pn            Indigestion * Heart burn            Gas *Belching * Ulcer            Gastritis * Lack of            Stomach Acid * Gi tumor            *Hemorrhoids * Polyps            Ileocecal valve spasm            Peritonitis * Pancreatitis            Irritable bowel</p> <p><i>Hormonal Imbalance:</i>            Low thyroid            Overactive thyroid            Diabetes            Hypoglycemia</p>	<p><i>Autoimmune &amp; Inflammatory            Conditions:</i>            Hashimoto’s disease            Rheumatism * Lupus            Colitis * Chrohn’s disease            Alopecia * Allergy            Food allergy            Atopic dermatitis            Neurodermatitis            Cellulitis            Sinus allergy            Vulvitis            Low immunity</p> <p><u><i>Effects of focal infection:</i></u>            Rheumatic arthritis or fever</p> <p><u><i>Ligament or Connective            Tissue Disease:</i></u>            Fibromyalgia *Tendonitis            Ligament inflammation            Pericarditis            Constant slight fever            Glomeronephritis            Plantar fasciitis            Scarlet fever *Ear infections            Streptococci infections            Staphylococci infections            Easily catch cold            Sore throat *Swollen glands</p>