Sheridan Park Chiropractic
8753 Yates Drive, Bldg. #2, Ste.104
Westhminster, CO 80031
(303)429-4104

# ACUPUNCTURE INTAKE FORM

NAME: _____ DATE: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

OCCUPATION: _____ EMAIL: _____

May we add you to our newsletter? Yes No

EMERGENCY CONTACT: NAME: _____ PHONE: _____

AGE: _____ DATE OF BIRTH: ____/____/_____ SEX: M F MARITAL STATUS M S
M D Y

REFERRED BY: _____

HAVE YOU RECEIVED ACUPUNCTURE BEFORE? Y N

LIST ALL MEDICATIONS OR DIETARY SUPPLEMENTS YOU ARE CURRENTLY TAKING:

Medication Dosage Reason How Long

_____

_____

_____

_____

Supplements _____

_____

_____

PLEASE INDICATE THE USE AND FREQUENCY OF THE FOLLOWING:

| | Yes | No | Amount | | Yes | No | Amount |
|---|---|---|---|---|---|---|---|
| Coffee | ___ | ___ | _____ | Tobacco: | ___ | ___ | _____ |
| Alcohol | ___ | ___ | _____ | Recreational Drugs: | ___ | ___ | _____ |
| Diet Soda | ___ | ___ | _____ | Regular Soda: | ___ | ___ | _____ |