

**Sacred Meridian Acupuncture**  
**Confidential Patient Information**

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone # hm: \_\_\_\_\_ wk: \_\_\_\_\_ cell \_\_\_\_\_

Kind of Employment: \_\_\_\_\_  
Name of doctor/midwife: \_\_\_\_\_  
Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
How did you find me? \_\_\_\_\_  
Are you taking any medications? Dosage: \_\_\_\_\_

Supplements/ Herbs :  
\_\_\_\_\_

Pregnancy related questions:

How many weeks are you? \_\_\_\_\_

Your estimated due date? \_\_\_\_\_

Pregnancy relate

concerns: \_\_\_\_\_

Health concerns for your visit today:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

History and details of concerns:  
\_\_\_\_\_  
\_\_\_\_\_

**Previous medical history:**

Previous illnesses: \_\_\_\_\_  
(Adult or childhood)  
\_\_\_\_\_

Surgeries: \_\_\_\_\_

Traumas: (physical or emotional)  
\_\_\_\_\_  
\_\_\_\_\_

**Family Health Status:**

TB	Cancer
Heart disease	Asthma
Peptic Ulcer	Kidney disease
Diabetes	Stroke
High Blood Pressure	Mental/Emotional problems

Epidemic \_\_\_\_\_ HIV \_\_\_\_\_ Hepatitis \_\_\_\_\_

Do you have any occupational or family related stress?

\_\_\_\_\_

What kind of dietary and exercise habits do you have?

\_\_\_\_\_  
\_\_\_\_\_

If there are any questions or concerns please feel free to discuss them, I want to make this visit a pleasant and relaxing experience for you.

**If you need to reschedule please allow 24 hour notice before your appointment.**

Patient signature: \_\_\_\_\_

Date: \_\_\_\_\_