LEGENDARY MEDICINE
Classical Five-Element Acupuncture

Please read, complete, and bring with you to your Intake Appointment. Use back if necessary.

Name:_____ Today's Date:_____

Primary Care Physician:_____ Phone #:_____

Emergency Contact:_____ Phone #:_____

Date of most recent complete medical exam:_____ And blood work:_____

Medications: List all current medications and significant long-term previously taken medications. Also include non-prescription drugs, vitamins, minerals, herbal, and homeopathic supplements.

Name	Dose (e.g. mg)	Route (e.g. oral)	Frequency	Reason for Taking & Experienced Side Effects

Health History: Please check all illnesses you and/or your immediate family members have and/or had. Please indicate if it is you (×), your mother (M), father (F), sister (S), brother (B), grandmother (GM), grandfather (GF), child (C), or grandchild (GC).

___hypertension	___Thyroid disease	___Seizure Disorder	___Heart Disease
___Anemia	___Hypoglycemia	___Diabetes	___Stroke
___Allergies	___Asthma	___Kidney disease	___Kidney stones
___Headaches	___Suicide	___Angina/chest pain	___HIV/AIDS
___Bleeding Disorder	___Hepatitis	___Osteoporosis	___Cirrhosis/Liver Disease
___Arthritis	___Tuberculosis	___Ulcers/Stomach dz.	___Lung Disease
___Polio	___Yeast Infection	___UTI	___Yeast Infection
___STDs	___Cancer	___Mental Illness	___Other:

During your Intake Appointment, we will cover medical illnesses, hospitalizations, surgeries, gynecological health, mental/emotional health, and immunizations/health screenings. Please come prepared to discuss these topics.
Thank You!