



light family acupuncture

melissa b. light, LAc, MSOM
www.lightfamilyacupuncture.com
1709 Rio Grande, Austin, TX 78701

Patient Intake Form

Full Name: _____ Date: _____

Date of Birth: _____ Age: _____ SS#: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone #: _____ Evening Phone #: _____

Email Address: _____ Do not contact me via email

Best way to get a hold of you: _____

In Emergency Notify: _____ Phone: _____

Physician: _____ Phone: _____

Chiropractor: _____ Phone: _____

Have you ever been treated by acupuncture? _____

How did you hear about the clinic? _____

When did the problem begin? _____

What diagnosis have you been given for this problem? _____

What type of treatment have you tried? _____

of children? _____ # of pregnancies? _____

Regular menstrual cycle? _____ First day of last menses? _____

How many bowel movements/day? _____ Per week? _____

Number per week of: Alcoholic drinks _____ Caffeinated drinks _____ Cigarettes _____

Any dietary restrictions? _____ If so, what? _____

History of significant illnesses, surgeries, trauma, allergies: _____

Medicines including vitamins, herbs, OTC drugs taken within last 2 months: _____

I have completed this to the best of my knowledge. _____

Signature & Date