



THE POINT  
ACUPUNCTURE CLINIC

Welcome to The Point Acupuncture Clinic. Speaking of the point, let's get to it!  
Please fill out our brief intake form as accurately as possible so we can best help you.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Sex: M / F

DOB: \_\_\_\_\_ Address: \_\_\_\_\_  
(city, state, zip)

SS #: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone #2: \_\_\_\_\_ Text: no / yes # \_\_\_\_\_  
(preferred contact #) (alternate contact #)

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about The Point? \_\_\_\_\_

Western Medical History: (what diagnoses, if any, have you been given for your condition?)

\_\_\_\_\_

Medications: (attach additional list if needed) Dosage: How long taken:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Natural Supplements: Dosage: How long taken:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you had acupuncture before? no / yes for: \_\_\_\_\_  
(what condition / symptoms)

Chief Complaints: Please circle and number in order of importance to you

\_\_\_\_\_ **Pain** Neck Back Sciatic Shoulder Elbow Hand Abdomen Hip Knee Ankle Foot

\_\_\_\_\_ **Headache** Migraine Tension Frontal Temples Base of skull Top of head Eyes

\_\_\_\_\_ **Stress & Mood** Work Family Financial Caregiver Marriage Divorce Death Moving  
& Irritable Angry Impatient Anxious Fearful Depressed Apathetic Suicidal

\_\_\_\_\_ **Fatigue** Even with adequate sleep? Y / N Worse: morning afternoon evening

\_\_\_\_\_ **Insomnia** Trouble falling asleep Trouble staying asleep Both Restlessness

\_\_\_\_\_ **Allergies** Foods Pollen Environmental (cleaners, perfume, dust) Mold Animals

\_\_\_\_\_ **Digestive** Constipation Diarrhea IBS Acid Reflux Bloating Gas Nausea Pain

\_\_\_\_\_ **Cardiovascular** Hypertension Palpitations A Fib High cholesterol Pacemaker

\_\_\_\_\_ **Weight gain** Pounds to lose: \_\_\_\_\_ Cravings: sweet carbs salty fatty

\_\_\_\_\_ **Women's health** Fertility Menses: Painful Irregular PMS Hot flashes/night sweats

\_\_\_\_\_ **General Wellness**

Any other complaints you would like to discuss with the acupuncturist today?

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\_\_\_\_\_  
(Initial) I understand The Point offers problem-focused care. If a greater level of care is required, I will be referred to another clinic or to a medical doctor.

\_\_\_\_\_  
(Initial) I understand if I choose treatment in the Community Room, my privacy will be respected but not guaranteed. I have the option to choose a private room if this is a concern to me.

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

