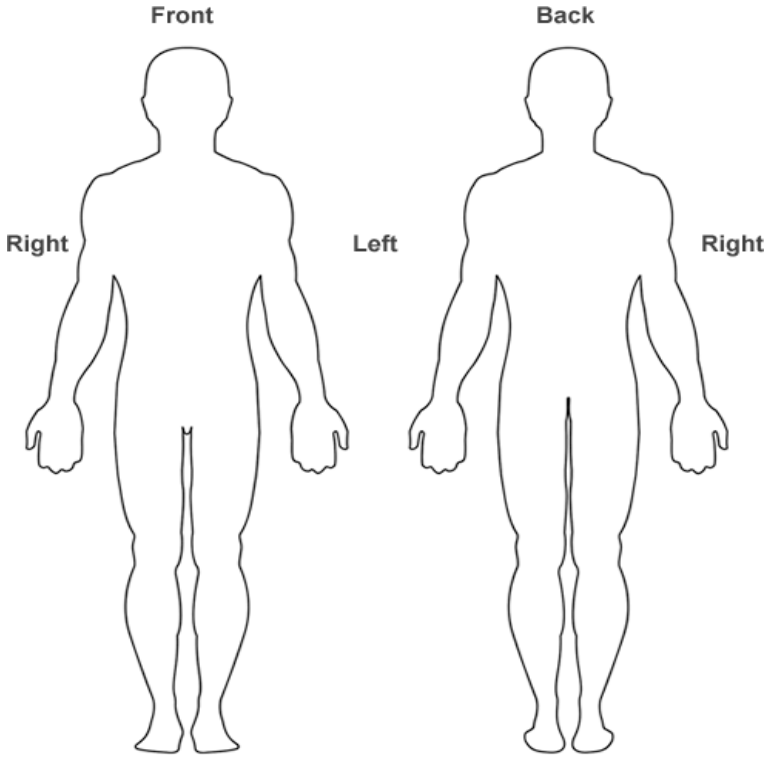
Acupuncture Intake Form

Name				**Date**	
DOB		**Sex**		**Race**	
Email				**Phone**	
Address					



Complaint		
#	**Location**	**Symptom**
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Major Complaint and Symptoms	
Current Medications and Supplements	
What makes it better or worse?	