



Student Health & Wellness Acupuncture Intake

Acupuncture billing: Student Health and Wellness will be billing your insurance for acupuncture services. Any remaining balance will be covered by SHW. You will not be responsible for any out-of-pocket costs. For more information, please review our Costs of Services chart.

Name you go by: _____ Date of birth: _____

MEDICAL HISTORY

Do you have diabetes? _____
Have you ever fainted? _____
Have you been fitted with a pacemaker or any other electrical implants? _____
Do you have a bleeding disorder? _____
Are you pregnant or actively trying for a pregnancy? _____
Do you suffer from metal or silicone allergies? _____
Do you know of any reason why you should not receive acupuncture? _____
Have you ever had acupuncture treatment(s) before today? _____

- In general, would you say your health is: Excellent Very Good Fair Poor
- How would you rate your physical health: Excellent Very Good Fair Poor
- How would you rate your mental health: Excellent Very Good Fair Poor
- In the past 7 days, how often have you been bothered by emotional problems, such as feeling anxious, depressed or irritable: Never Rarely Sometimes Often Always
- How would you rate your fatigue on average: None Mild Moderate Severe Very Severe

Why are you seeking care today?

Briefly describe symptoms and duration:

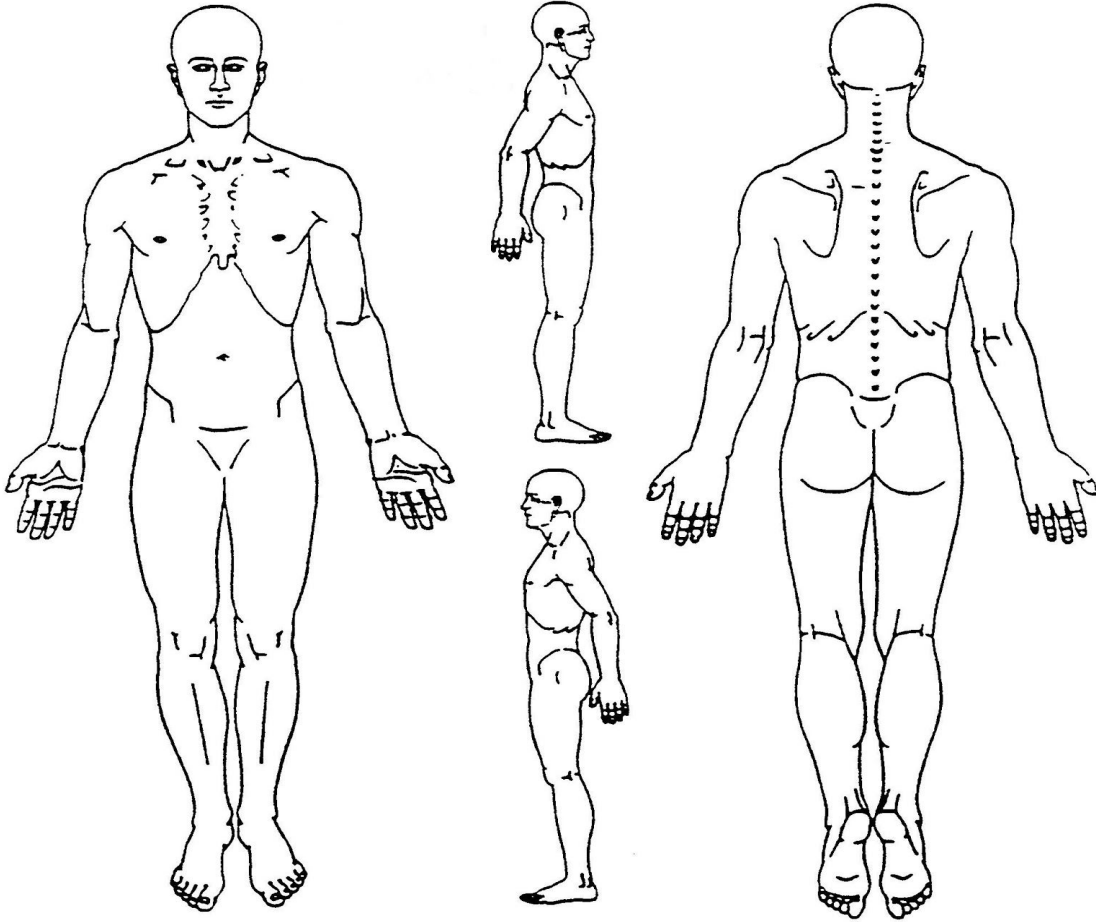
Please Circle Other Symptoms or Concerns:

- Pain in muscles or joints Headache Unexplained fatigue Insomnia Skin problems
Excess worry or anxiety Sadness or depression Addictions or related problems
Asthma Cancer Allergies Frequent colds, cough, sore throat Vision or hearing problems
Heart problems Women's health problems Men's health problems
Digestive or stomach problems
- Other (please describe): _____

PAIN DIAGRAM

Please mark the areas on the picture below that correspond to the areas of your body where you feel the described sensations. Use appropriate symbols. Mark areas of radiation. Include all affected areas.

Numbeness ---- Pins & Needles oooo Burning xxxxx Aching ***** Stabbing ////



My pain is a _____ on a scale from 1-10.

Any additional information you would like to add: _____

