



## Express Intake Form

Date \_\_\_\_\_

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Age \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Best phone number to reach you on \_\_\_\_\_ Cell Phone \_\_\_\_ Y \_\_\_\_ N

Do you text message \_\_\_\_ Y \_\_\_\_ N

Have you had acupuncture before? \_\_\_\_ Y \_\_\_\_ N

What is your primary complaint? \_\_\_\_\_

Please list any major diseases you have such as Diabetes, Cancer, Asthma, Infectious Disease:

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Emergency Contact Info? (Name, Phone Number, Relationship)

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