



Initial Visit Intake Form

Patient Name: _____ Phone Number: _____



Date of Birth: _____ Allergies: _____

Please list below your two primary reasons for this visit. Rate your discomfort level on a 0-10 scale.

1) _____  ← 0 1 2 3 4 5 6 7 8 9 10 → 
Mild Moderate Severe

When did this first begin? _____ Have you seen your doctor? _____

What makes it better? _____ Worse? _____

2) _____  ← 0 1 2 3 4 5 6 7 8 9 10 → 
Mild Moderate Severe

When did this first begin? _____ Have you seen your doctor? _____

What makes it better? _____ Worse? _____

Community Acupuncture is meant to treat only one or two ailments per 30 minute session. The acupuncturist may recommend to a patient that requires more time to schedule a private hour consultation for follow-up appointments.

TCM Clinician's Community Acupuncture Intake notes: (Findings and treatment are documented in Epic encounters at every visit.)

Position	Left	Right
Cun		
Guan		
Chi		

Tongue	
Color	
Body	
Coat	

TCM Notes / Acupuncture Points:

needles inserted # needles removed

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TCM Initials: _____ Date: _____