

Groupon Acupuncture Intake Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Mobile, Work, Home (circle)

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Email \_\_\_\_\_

Would you like to receive our Free Monthly Newsletter? Yes \_\_\_\_\_ No \_\_\_\_\_

Occupation \_\_\_\_\_ Marital Status \_\_\_\_\_

In case of emergency notify \_\_\_\_\_

Relationships to you \_\_\_\_\_ Phone No \_\_\_\_\_

What specific problem are you seeking treatment for: \_\_\_\_\_

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Are you currently taking any narcotics for pain? \_\_\_\_\_

Are you currently taking any blood thinners or psychiatric medications for anxiety, depression, or PTSD? \_\_\_\_\_

Have you had to go to the emergency room or hospital for the level of pain that you are experiencing? \_\_\_\_\_

Is your pain the result of a recent automobile accident? \_\_\_\_\_

Have you ever received acupuncture treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you interested in followup visits after Groupon? Yes \_\_\_\_\_ No \_\_\_\_\_