

ACUPUNCTURE OF EUGENE 541 Willamette St. #302 Eugene OR 97401
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Name

Mailing Address

Your date of birth

I identify my sex as:

email address

Home phone number

Cell phone number

Profession

PROVIDENCE OR PACIFIC SOURCE INSURANCE? (All others are cash patients and will receive a superbill upon request)

Insurance member id number

Insurance Group number

Insurance company phone number

How did you hear about us?

Friend, ad, facebook, doctor, fair/event, online search, insurance list, other

If you were referred, by whom?

MAIN COMPLAINT OR EYE DISEASE DIAGNOSES YOU ARE HERE FOR:

LAST EYE EXAM DATE AND DOCTOR'S NAME:

RIGHT EYE HEALTH HISTORY, SURGERIES, INJURIES, DIAGNOSES:

LEFT EYE HEALTH HISTORY, SURGERIES, INJURIES, DIAGNOSES

SECONDARY COMPLAINTS:

MEDICATIONS CURRENTLY TAKING:

DOCTOR NAME AND CONTACT INFO:

PLEASE CIRCLE ANY YOU HAVE EVER HAD:

bleeding disorder/hemophilia
cancer
diverticulosis
emphysema
environmental sensitivities
epilepsy or seizures
fibromyalgia
heart disease
immune disorders
osteoporosis
restless leg syndrome
skin disorders
stroke
thyroid disorders

CIRCLE ANY THAT YOU HAVE:

How is your sleep: Difficulty falling or staying asleep?

Digestion: any gas, bloating, soft stools or constipation, acid reflux, hemorrhoids, nausea or vomiting, weight gain?

Immune function: any diagnosed immune deficiency? Get sick easily?

Allergies or environmental sensitivities?

Heart health: high blood pressure, high cholesterol, surgeries or medications now taking?

Arthritis pain, where?

Emotional health: any mental diagnoses or chronic issues: anxiety depression, memory gaps?

Any significant trauma in your life?

Female health: irregular cycles, painful periods, clotted blood, excessive flow, no periods, using birth control, currently pregnant, hot flashes, night sweats?

Male health: enlarged prostate, kidney stones history, prostate cancer, High psa, urinary incontinence, Erectile Dysfunction, Excessive libido, low libido?

Lifestyle: smoke currently, drink alcohol daily, low energy level, exercise frequently?

What activities give you enjoyment and satisfaction in life?

Describe any pain in the body and indicate from pain scale 1-10 least to worst pain, current pain level:

Describe any accidents within the last 2 years:

Briefly mention any old injuries older than 2 years: