

Clearriverblu Herbs and Acupuncture
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Patient Initial Visit Information Form

Prior to see the practitioner, please fill in the following form to the best of your knowledge and sincerity.

Basic Contact and Health Information

Date:

Name: last:

First :

Middle Initial:

Home Phone:

Cell phone:

Business Phone:

Address:

Street name & no. :

City/Town:

State & Zipcode

Occupation:

Social security number:

Date of Birth: Sex: Height: Weight: Single or
married:

If married, name of spouse:

Close relative:

Contact in case of emergency:

If completing this form for another person, what is your relationship to her/him?

Referred by:

Basic Health Information:

1. Have you ever had Hepatitis? Yes No. If yes, when:

2. Do you have AIDS or HIV infection? Yes No. If yes, how long?

3. Have you ever had any surgery? Yes No. If yes, please list type and year below:

4. Have you ever had heart problems or symptoms? Please explain if yes:

5. Are you taking any medications and pain pills at this time? Yes. No

If yes, list below:

6. Are you pregnant or possibly pregnant? Yes No
If yes, what month are you in?

7. Have you ever had any acupuncture before? If yes, for what problem?

8. Do you have any problem with needles, dizziness, nausea, or fainting?

9. Reasons for your visit:

10. List all the allergies you have:

12. Other important Medial History:

13. Western meds you are taken now and briefly explain the reason for each one:

Patient signature: