



GENERAL QUESTIONS

- Yes No Have you had an acupuncture treatment before?
- Yes No Are you nervous about needles?
- Yes No Do you have a tendency to faint?
- Yes No Do you bleed for a long time or bruise easily?
- Yes No Are you extremely hungry at the present time?
- Yes No Are you extremely tired right now?
- Yes No Do you have a pacemaker?

PRESENT HEALTH

What do you consider to be your most important health problem?

Reason for today's visit? *Please specify*