



Existing Patient Intake Form

Patient Information:

Name: _____

Date: _____

Medical History Update:

Please update any changes to your medical history since your last visit (e.g., new diagnoses, surgeries, medications, or supplements):

Have you experienced any new symptoms or changes in existing symptoms since your last visit? Please describe:

Have you had any hospitalizations or emergency room visits since your last visit? If yes, please provide details:

Are you currently under the care of any other healthcare providers? If yes, please specify:

Acupuncture Treatment Progress:

On a scale of 1 to 10, how would you rate the improvement in your primary condition since starting acupuncture treatments? (1 = no improvement, 10 = complete resolution)

Rating: _____

Are you experiencing any side effects or adverse reactions to acupuncture treatments? If yes, please describe:

Have you noticed any positive changes in your overall well-being or any other health conditions since starting acupuncture treatments?



Lifestyle and Self-Care:

Are you incorporating any self-care practices (e.g., exercise, meditation, dietary changes) to support your acupuncture treatment? If yes, please provide details:

Do you have any questions or concerns related to your acupuncture treatment or your health in general?

Consent for Treatment:

I acknowledge that the information provided in this intake form is accurate to the best of my knowledge. I understand that this information will be used to update my medical record and assist in my ongoing acupuncture treatment.

Patient's Signature: _____ Date: _____

Thank you for taking the time to complete this intake form. Your feedback and updates are essential to providing the best possible acupuncture care. If you have any questions or need further assistance, please feel free to ask. We look forward to continuing your acupuncture journey with us at Recharge Mobile Acupuncture, LLC.