

# Redwood Needle Acupuncture

## PATIENT REGISTRATION FORM

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Last First Middle

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Street

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City State Zip

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Best Phone Number(s) Email Address

Chief Complaint or Reason for Coming Here: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age Today: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City State Country

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of First Visit: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

How did you hear of this clinic? \_\_\_\_\_  
( If one of our patients referred you, please give name )

Currently Employed? Y N Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Please circle all that apply:

Diabetes	Hypertension	Stroke	Bleeding Disorders
Cancer	Heart Disease	Liver Disease	Autoimmune Disease
Kidney Disease	GI Disease	Anemia	Frequent Pain
Allergies	Prostate Disorder	Arthritis	Frequent Infections

Please list Medications and Supplements:

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