

OAK HILL HEALING ARTS

7413 OLD BEE CAVES RD □AUSTIN, TX 78735 □512-632-5795□

www.oakhillacupuncture.com

PERSONAL INFORMATION

NAME _____ DATE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE _____ DATE OF BIRTH _____
MARITAL STATUS _____ SEX _____ AGE _____ NUMBER OF CHILDREN _____
OCCUPATION _____
ADDRESS _____ CITY/ZIP _____ HOME PHONE _____
EMAIL _____ CELL PHONE _____

EMERGENCY NOTIFICATION

NAME _____
TELEPHONE _____

REFERRED BY _____

CURRENT HEALTH CONDITION

PURPOSE OF THIS APPOINTMENT _____
TODAYS CONDITION STARTED WHEN? _____
WHAT ACTIVITIES AGGRAVATE YOUR CONDITION? _____
WHAT ACTIVITIES LESSEN YOUR CONDITION? _____
IS CONDITION WORSE DURING CERTAIN TIMES OF THE DAY? _____
IS THIS CONDITION INTERFERING WITH WORK? _____ SLEEP? _____ ROUTINE? _____
OTHER DOCTORS SEEN FOR THIS CONDITION _____
TYPE OF TREATMENT & RESULTS _____

MEDICATIONS: _____

SUPPLEMENTS: _____

Describe your average daily diet: _____

Medical History

Please summarize your medical history, including all significant diagnoses and treatments:

HOSPITALIZATIONS:

Date	Reason

FAMILY HISTORY

PLEASE LIST ANY DISEASE OR DISORDERS IN YOUR IMMEDIATE FAMILY:
