



ABUNDANCE ACUPUNCTURE, INC.

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“Realize the wonderful benefits of Oriental Medicine”

Returning Patient

Supplemental Health History

Name _____ Age _____ Today's Date _____

Note any **changes** in your home, work, or cell phone numbers or address: _____

E-mail address _____

I am returning due to a new condition. continuing condition. Please describe: _____

If this is a new condition how long has it been bothering you? _____

Was there an accident or other known cause for this condition? _____

Have you consulted a Medical Doctor, Chiropractor, Other _____ about this condition?

Check off any of the following symptoms you have experienced in the past 3 months.

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Ankle or Foot Pain | <input type="checkbox"/> Irritability | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Fatigue/Tired | <input type="checkbox"/> Elbow, Wrist, or Hand Pain | <input type="checkbox"/> High Blood pressure | <input type="checkbox"/> Digestive Disturbances |
| <input type="checkbox"/> Low Back Pain | <input type="checkbox"/> Other Pain _____ | <input type="checkbox"/> PMS | <input type="checkbox"/> Acid reflux |
| <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Neck or Shoulder Tension | <input type="checkbox"/> Menstrual Issues | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Shoulder Pain | <input type="checkbox"/> Allergies or Sinus Problems | <input type="checkbox"/> Menopausal Issues | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Hip Pain | <input type="checkbox"/> Difficulty Breathing | <input type="checkbox"/> Poor Memory | <input type="checkbox"/> Weight Trouble |
| <input type="checkbox"/> Knee Pain | <input type="checkbox"/> Difficulty Sleeping | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Other _____ |

Please list any new medications or supplements _____

Any Additional Comments: _____

The best time for my appointments would be: Mon. Tue. Wed. Thur. Fri. Mornings Afternoons Early Evenings