



Chinese Acupuncture and Herbology Clinic

Asheville Hendersonville Waynesville

Last Name _____ First Name _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Please check this box if you are interested in being added to our email list.

Name of Emergency Contact Person _____

Phone Number for Emergency Contact Person _____

Your Primary Care Physician _____

Who can we thank for referring you? _____

Present Health Concerns

Please list most important health concerns in order of significance
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Prior diagnosis of this problem? If so, what?
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.