204 E. Fort Lowell Rd.
Tucson AZ 85705 /
5630 E. Pima St.
Tucson AZ 85712
(520) 867-8004
www.acupuncturecoop.com

Registration Form / Health History Questionnaire

LEGAL NAME______________________________________ PREFERRED NAME______________________________________

ADDRESS ____
STREET APT# CITY STATE ZIP CODE

TELEPHONE #____

EMAIL ____ WOULD YOU LIKE TO BE ON OUR MAILING LIST? YES NO

DATE OF BIRTH ____/_____/_______ WHAT IS YOUR GENDER? ___________________
PRONOUN(S): ___________________________

HOW DID YOU LEARN ABOUT TUCSON ACUPUNCTURE CO-OP?____

FIRST TIME GETTING ACUPUNCTURE? ____

OCCUPATION ____ COMPANY NAME_____________________________

EMERGENCY CONTACT_______________________________________RELATIONSHIP____

TELEPHONE #____

TODAY'S DATE _____/_____/____________

What are your primary reasons for coming in for treatment?

1.

2.

3.

How is your sleep?______________________________
____

How is your digestion? ____________________________
____
____

Medications/Supplements you take: _______________
____

Check those you have or have had this year:

Difficulty coping with stress and/or emotions

Depression/Anxiety

Major life events (i.e. move, job loss, relationship change)

Major change in overall health

Major Illnesses/Accidents/Surgeries:
____

Do you have access to primary medical care? ___________

Could you be pregnant? No Yes

Do you want support in cutting back on any addictive habits?
____