

531- 40th Street, Des Moines 515-277-9998 Abby Miller L.Ac Stephanie Braunwarth L.Ac
www.desmoinesacupunctureworks.com

*Due to the healthy nature of this clinic we ask that you remove your shoes prior to entering
the waiting room. Foot covers will be provided if needed.*

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Number of dependents: _____

May we sign you up for our online scheduling? Y/N

Current Employer: _____ Title: _____

Phone @ Home: _____ Cell: _____ Work: _____

Birthdate: ___/___/___ Age: _____ Gender: M/F Marital Status: Married/Divorced/Single

Height: _____ Weight _____ Emergency contact name and number: _____

How did you hear about Des Moines Acupuncture Clinic: _____

Reason for visit today? _____

How long have you had this condition? _____ Is it getting worse? _____

Does it bother your: Sleep, Work, Social, Exercise, Travel, Other: _____

What seemed to be the initial cause? _____

What makes it better? _____ Worse? _____

In the last 12 months how often did you go to your health care provider? _____

Did the provider explain their concerns in a way that was easy to understand? _____

Have your health care needs been unmet? _____

In one word, how would you describe your overall health? _____

Mental health? _____ Emotional health? _____

Have you been treated by Acupuncture before? Y/N How Often? _____

Date of last treatment? _____ Have you been treated with Chinese Herbal Medicine before? Y/N

What is your favorite local restaurant? _____ Place to get tea/coffee? _____

The best way for you to "blow off steam"? _____

What are your talents/hobbies? _____

What did you want to be when you "grew up"? _____

Yes, I have an infection disease. Please describe: _____

History of surgery/trauma (include approximate ages): _____
