

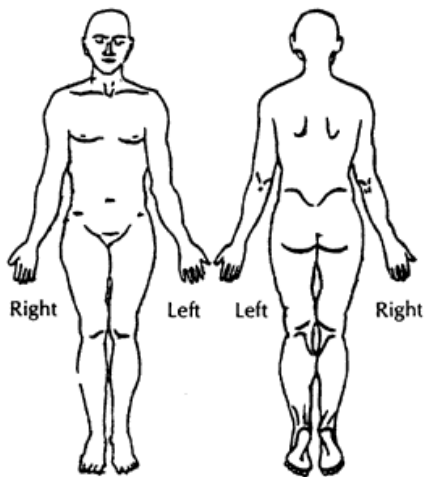
Name: _____

Date: ____ / ____ / ____

What brings you to Lokahi Acupuncture?

Intuitively, what do you think is the cause of the problem?

Please mark any areas of pain you are experiencing:



Is there anything your doctor (or any other practitioner you work with) has suggested you **not** work on with acupuncture?

MEDICAL AND FAMILY HISTORY

Please list your current and past diagnoses (if any):
Please list past hospitalizations and surgical procedures (include year if possible)
List any known allergies to medications, foods or other substances as well as your reaction:
Have you traveled outside the United States in the past two years <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, where?

MEDICATIONS AND SUPPLEMENTS

List all current medications, vitamins, herbs and other supplements you take, including dosages:

Medications	Vitamins, Herbs, Other Supplements

FAMILY HISTORY

List any serious health conditions your family members have experienced. Include diabetes, heart disease, autoimmune disease, cancer, addictions, eating disorders, mental disorders, allergies, genetic disorders, or any other major concerns:

Condition:	Family member:	Age of onset/age of death: