Vibrant Health Acupuncture & Wellness Center LLC.

260 Gateway Drive, Suite 7B Bel Air, MD 21014 (410) 913-8322

"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 Please describe: _____________________________________

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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? ____

Please list any new medications or supplements

____

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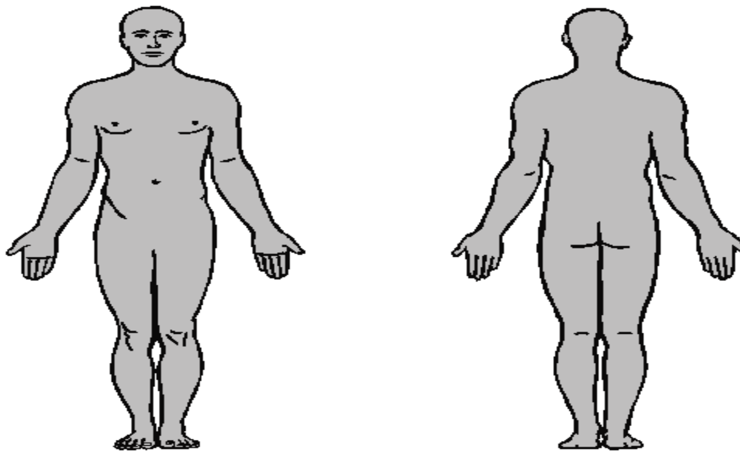
Check off any of the following symptoms you have experienced in the past 3 months.

□ Headaches	□ Irritability
□ Fatigue/Tired	□ High Blood pressure
□ Low Back Pain	□ PMS
□ Neck Pain	□ Menstrual Issues
□ Shoulder Pain	□ Menopausal Issues
□ Hip Pain	□ Poor Memory
□ Knee Pain	□ Anxiety
□ Ankle or Foot Pain	□ Depression
□ Elbow, Wrist, or Hand Pain	□ Digestive Disturbances
□ Other Pain _______________	□ Acid reflux
□ Neck or Shoulder Tension	□ Diarrhea
□ Allergies or Sinus Problems	□ Constipation
□ Difficulty Breathing	□ Weight Trouble
□ Difficulty Sleeping	□ Other__________________________



Please mark your areas of pain/discomfort on the figures:

Any Additional Comments: ____

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____

Signature: ___________________________________ Date: ______________________________