PURE JOY ACUPUNCTURE
ACUPUNCTURE & HOLISTIC MEDICINE

Patient Information

Today's date: _____

Name: _____ Birth date: _____ Age:_____

Preferred name: _____ Gender: _____ Preferred pronoun: _____

Occupation: _____ Employer: _____

Email address:_____ Phone:_____

Street Address: _____

Town, State, Zip Code: _____

Preferred Method of Communication: Text E-mail Phone Call

Emergency contact:

Name: _____ Phone: _____ Relationship: _____

How did you hear about our clinic? Referral Google Yelp Other

If by referral, who referred you? _____

May we send a thank you card to the person who referred you? Yes No

Would you like to receive our seasonal e-mail newsletter? Yes No

Would you like to receive a holiday card? Yes No

Cancelation Policy:

If you need to change or cancel your appointment, please do so with a minimum of 24 hours notice. Failure to do so will result in being charged the full fee of your missed appointment.

☐ I understand the cancelation policy

Signature _____ Date _____

Katharine Chaney, L.Ac. 415.994.0252
kchaney@purejoyacupuncture.com | purejoyacupuncture.com
750 Las Gallinas, Suite 206A, San Rafael, CA 94903

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Have you ever been treated with acupuncture? Yes No

If yes, condition treated? _____

Primary reason for your visit today: _____

Additional health concerns: _____

Please list any major hospitalizations, surgeries, illnesses, and history of injury including car accidents & broken bones:

Year	Surgery, Illness, Injury	Outcome
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all current medications that you are taking:

Start date	Dosage	Condition Treated
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any known allergies (medication, food, seasonal):

_____

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Please list all current vitamins, supplements and herbs that you are taking:

Start date:	Item:	Dosage:	Condition Treated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there anything else that you would like your acupuncturist to know about you and your health history?

_____

_____

_____

_____

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