

Asher Acupuncture

604-524-3145

414 East Columbia Street

New Westminster, V3L 3W9

R.A.c. License # 00368 & # 04770

Patient Information

Last name:		First Name:		Middle Name:	
Home Address:				Date of Birth: (DD/MM/YY)	
City:		Province:	Postal Code:	Occupation:	
Phone:		Mobile:			
Email:					

Chief Complaint: Please Describe in your own words

Chief Complaint:		How long have you been aware of this?	
What Medications and/or Supplements are you currently taking?			

Emergency Contact information

First name:		Last Name:	
Relationship to Patient		Phone Number:	Mobile:

Family Doctor Contact Information (*Optional*)

Family Doctor Name:		Clinic Phone Number:	
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Past Medical History

- Mumps Herpes Hepatitis HIV+ Osteoporosis Tumor Measles
 High Blood Pressure (Hypertension) Low Blood Pressure (Hypotension) Stroke
 Fracture Arthritis Gout Diabetes Tuberculosis High Cholesterol
 Muscle Sprain Cancer

Other:

None

Ongoing Health Conditions

- Headache Neck Pain Asthma Dizziness Memory Loss Carpal Tunnel
 Fatigue Jaw Pain Depression Knee or Hip Pain Menstrual Problem
 Plantar Fasciitis Bowel Problem Slipped Disc Stomach Problem
 Tingling in Legs Tingling in Arms Mid Back Pain Heart Palpitation
 High Blood Pressure Lower Back Pain Arthritis Poor Posture Allergies
 Pinched Nerves in Back or Neck

Other:

None

Allergies/Drug Reactions

- Penicillin Peanut Dust Pollen Dairy Gluten Wheat Chocolate Caffeine
 Other: None

Patient Signature

Date