Mongeau Acupuncture LLC
Unity North Spiritual Center 11499 Martin St. NW, Coon Rapids, MN 55433
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Health History Questionnaire and Registration

PATIENT INFORMATION	CONTACT INFORMATION
Date_____	Home phone _____
Name_____	Work phone _____
Address_____	Other/cell phone_____
CityStateZip_____	Email _____
Age_____ Birthdate_____	Another person we may contact if needed:
Occupation_____	Name _____
Company name_____	Relationship_____
Primary physician_____	Home phone _____
Physician phone number_____	Work phone_____
How did you hear about us?_____	
_____	

HEALTH HISTORY

What are your primary concerns for coming in for treatment?
1- _____
2 - _____
3 - _____

How is your sleep?
_____
_____

How is your digestion? _____
_____

List medications or food supplements you are taking._____
_____
_____

List serious illnesses, accidents or surgeries._____
_____
_____

Circle illnesses that have occurred in blood relatives. Diabetes High blood pressure Stroke Cancer Heart disease Kidney disease

Check symptoms you have or have had in the last year:
- □ Depression
- □ Difficulty in focusing
- □ Dizziness
- □ Easily startled
- □ Excessive worry
- □ Excessive anger
- □ Excessive fear
- □ Fatigue/tiredness
- □ Headaches
- □ Loss of sleep/poor sleep
- □ Loss or gain of weight
- □ Nervousness/irritability
- □ Overwhelmed by life

Check conditions you have or have had in the past:
- □ AIDS
- □ Allergies
- □ Anemia
- □ Arthritis
- □ Bleeding disorders
- □ Breast lump
- □ Cancer
- □ Diabetes

How long has it been since you have had a complete medical exam? _____