

Acupuncture Intake Form

1. Please fill out the following contact information below.


Birthday:

2. Severity/Pain Level (1 being minimal and 10 being extreme):

1	2	3	4	5	6	7	8	9	10
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3. Subjective: Please provide any additional information.

4. Add Up To 5 Files



Drag and drop image here or
[Choose a file](#)

I agree to use [electronic records and signatures](#).

✕ Customer Signature