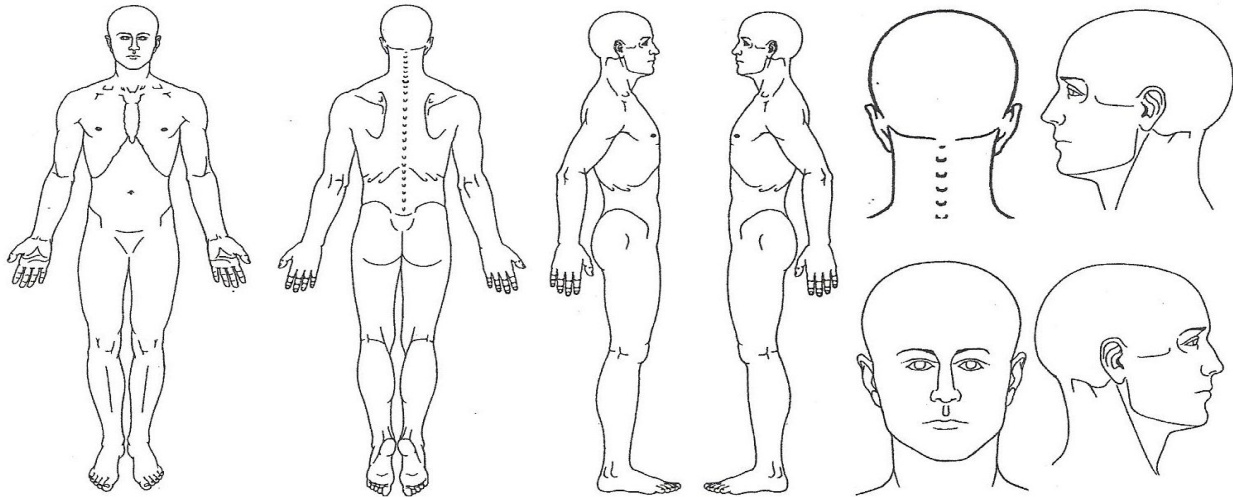


**ACUPUNCTURE QUESTIONNAIRE**  
112 N Cornell Ave. Lancaster, PA 17603  
(717) 669-1050 Fax (717) 397-4543  
Lee@DoctorNaturalMedicine.com

Last Name:  
First Name:  
Age:  
DOB:  
Phone:  
Email:  
Address:  
Days and times available for appt:  
Notify openings from cancellations?  
Emergency Contact:  
Emergency Contact Phone Number:  
Health Concerns:  
Date of Onset:  
Allergies:  
List all Medications:  
List all Supplements:  
Occupation:  
How did you hear about Dr. Lee?  
Will you be submitting receipts to insurance?  
Need garage door open to avoid stairs?

PLEASE CIRCLE OR SHADE IN ALL THE AREAS THAT YOUR CONCERNS AFFECT. And then if you could only use one finger to point to the biggest concern, place an 'X' in that spot. Even if there is no pain, there usually are certain areas that you feel more when you are tired, stressed, have anxiety and/or depression, or notice more when you can't sleep.



***Clinic Policy requires payment at time of services. Please cancel 24 hours in advance. If you do not cancel 24 hours in advance for return visits, you will be charged \$30.***

Signature:  
Date: