

STEPHEN D. SAEKS, PhD, LAc  
2 Roads Crossing Healthcare, PC 15455  
NW Greenbrier Parkway, Suite 240  
Beaverton, Oregon 97006-8116

**NEW ACUPUNCTURE PATIENT QUESTIONNAIRE**

Today's Date: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

GENDER: M F MARITAL STATUS: SINGLE PARTNER MARRIED DIVORCED REMARRIED

CHILDREN: NO YES if yes, AGES AND GENDER: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ (h)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZD?: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PLACE OF EMPLOYMENT/SCHOOL: \_\_\_\_\_

WORK NUMBER: \_\_\_\_\_ CELL (or other contact) NUMBER: \_\_\_\_\_

PRIMARY CARE PHYSICIAN: \_\_\_\_\_ NUMBER: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_ NUMBER: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

Please list all current medications:

---

---

Please briefly describe the reason you are seeking treatment at this time:

---

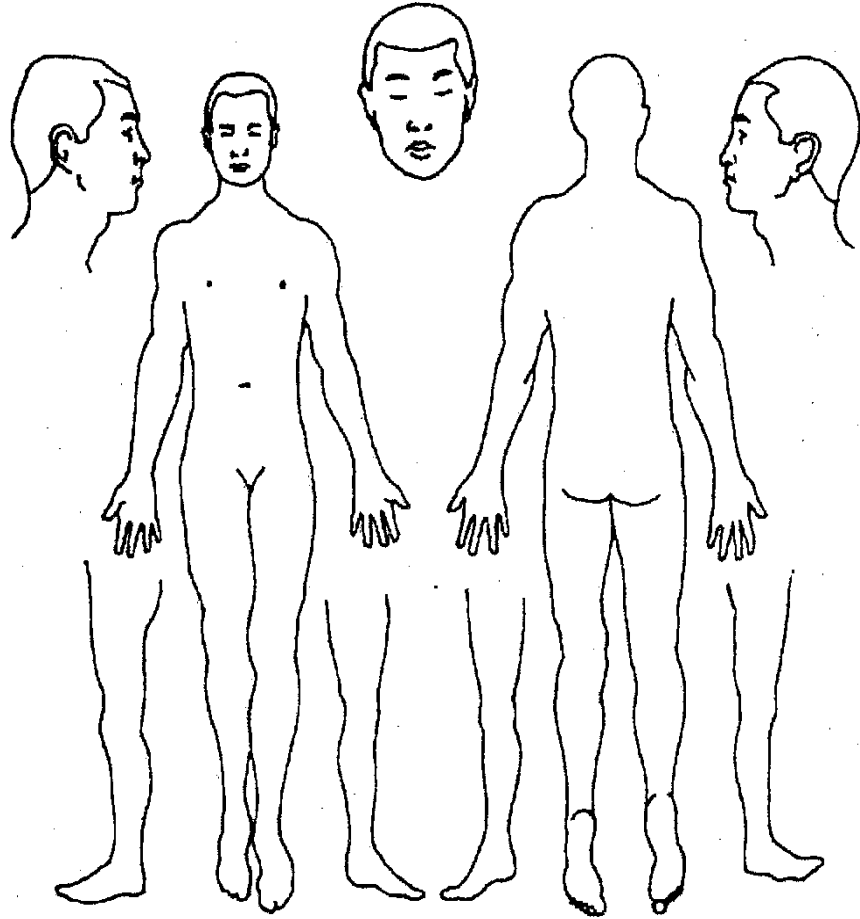
---

---

---

Please complete the other side of this form.

If you are experiencing any physical pain or discomfort, please use the pictures below to indicate the location and nature of the pain.



What have you done to try to relieve this condition? \_\_\_\_\_

---

---

What has helped? \_\_\_\_\_

---

---

What has not helped? \_\_\_\_\_

---

---

Thank you for completing this form.