

Ashley Lanahan, L.Ac.
Health History
Questionnaire

Please answer the following questions as completely as possible in order to help me serve you and provide you with a quality treatment specified to your individual needs.

Name	Date
Address:	Homephone: Workphone:
Email:	Occupation:
Height: Weight:	Date of Birth:
Family Physician:	Marital Status:
Emergency Contact (name & #):	Referred By:
Have you ever been treated with Acupuncture?	

What is your chief complaint? _____

Secondary complaints? _____

Onset and duration of the chief complaint? _____

Does anything make it better or worse? _____

To what extent does this complaint interfere with your daily activities, your quality of life?

Have you been given a diagnosis for this complaint? _____

What kinds of treatments, therapies, surgeries have you tried?:

Please list the medications, vitamins, & herbs you have taken in the past 2 months:

Do you have any allergies (drugs, foods, chemicals, environment, etc.)?:
