Kam Lee Acupuncture Center

A Holistic Healthcare center for fitness and total well-being

Serving the community since 1990

Patient Registration Form

Date:_____ ☐ New Patient ☐ Established Patient Update

How did you learn about Dr. Kam Lee? ☐ Sign ☐ Yellow Page ☐ Magazine / Newspaper ☐ Internet ☐ Friend / Patient / Doctor / Other: _____

Name:_____ D.O.B:_____Age:_____

Address: _____ Email:_____

City:_____St:_____Zip:_____

Home Ph:_____Wk:_____Cell:_____

Contact: What is the best way to contact you? ☐ Call ☐ Text

Status: ☐ Single ☐ Married ☐ Widowed ☐ Other _____

Children: ☐ Boy(s) Ages _____ ☐ Girl(s) Ages _____

Gender: ☐ Male ☐ Female Height:_____Weight:_____lbs

Occupation:_____Employer:_____

Emergency Contact:

Name:_____Relationship:_____Ph:_____

Family Physician: Dr. _____Ph:_____

Payment is due when services are rendered.

How do you prefer to pay for services? ☐ Cash ☐ Check ☐ Credit card ☐ Insurance

Person responsible for payment: ☐ Self ☐ Other _____

If Other, Name_____Relationship: _____

Office Note:

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Health Questionaires

Name: _____ Main complaint: _____

Cause of complaint: _____ Date it began: _____

Is your condition getting: ☐ Better ☐ Worse ☐ Same. Has this condition happened before? ☐ Yes ☐ No

What makes it better? _____

What makes it worse? _____

Have you received treatment for this condition? ☐ Yes ☐ No ☐ On-going

If yes, where? _____ Date started treatment? _____

By whom? _____ Diagnosis? _____

Result of treatment? _____

Other Complaints(s): _____

Previous Health History.

Date/Year	Major Illness/Surgeries/Accidents	Resolved	Current Medications
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____

Need more space? Please continue on back of this sheet.

Current Supplements: _____

How is your appetite? _____ PMS? _____

Do you drink alcohol? _____ Senses? _____

Constipation/Diarrhea? _____ Recreational drugs? _____

Urination Problem? _____ Smoke? _____

How is your sleep? _____ Do you sweat spontaneously? _____

Prefer warm or cool temperature? _____ Exercise? _____

Do your hands or feet get cold easily? _____ How is your digestion? _____

For Physician use only:

	Left	Right	Tongue
Cun	_____	_____	_____
Guan	_____	_____	_____
Chi	_____	_____	_____

DX: _____

Notes/Recommendations: