

MIDWEST ACUPUNCTURE & PAIN TREATMENT CENTER 3005 RIVERSIDE DRIVE BELOIT WI 53511

608-365-6771

Health History Questionnaire

Name:		
Street:	City/State/Zip:	
Age:	Height:	Weight:
Home Phone:	Work Phone:	
Date/Place of Birth:		
Occupation:	Marital Status:	
Place of Employment:		
In Emergency Notify:		
Referred by:	Family Physician:	
Insurance Carrier:	Policy #:	

Medical history (previous problems, medication, surgical history, etc.)

Present Complaint

When did problem begin _____

Therapies you have tried for this complaint

Indicate painful or
distressed areas