ACUJIN 金
HOLISTIC THERAPIES

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SAN DIEGO, CA. 92117
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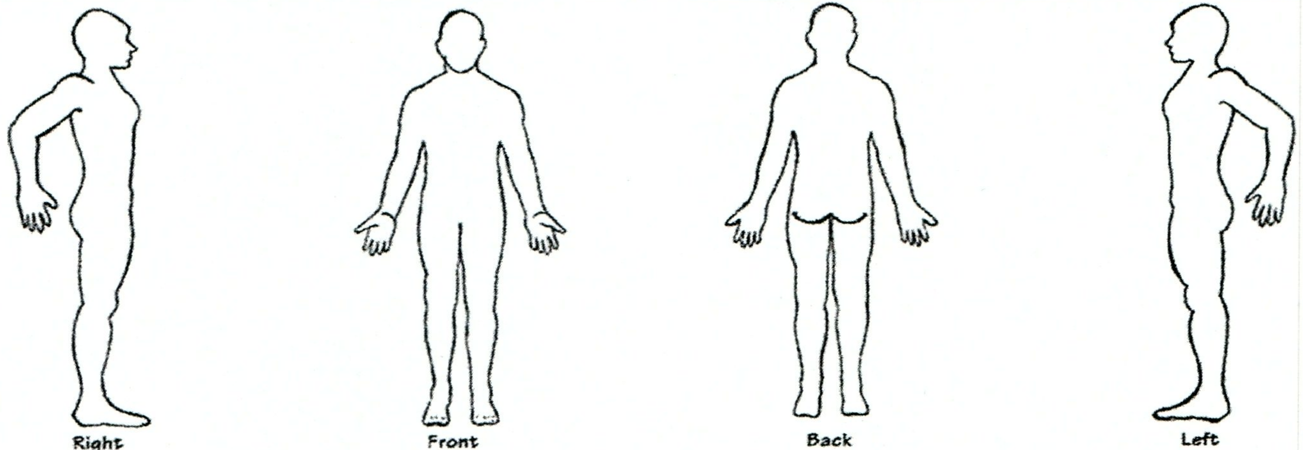
Personal Registration Information			
Last Name:	**First Name:**	**Nickname:**	
Sex: ❑Male ❑ Female	**Marital Status:** M S W D	**DOB:** / /	
Address:		**City:**	
State:	**Zip:**	**E-mail:**	
Occupation:		**How many hours per week do you work?**	
Main contact #:		❑ Home ❑ Work ❑ Cell ❑ Other:	
Alternate contact #:		❑ Home ❑ Work ❑ Cell ❑ Other:	
Emergency contact #:		**Emergency contact name:**	
If we are unable to reach you, is it okay for us to leave a message on your voicemail/person who answers the phone? ❑ Yes ❑ No		**Height:**	**Weight:**
How did you hear about us? ❑ Insurance Referral ❑ Yellow Pages ❑ Website: ____________ ❑Referral/Other: ____________			
Have you had Acupuncture treatments before? ❑ Yes ❑ No		Do you Bruise easily? ❑ Yes ❑ No	
Is your condition a result of a(n): ❑Work Injury ❑ Auto Accident If so, date of injury:			
Do you have any of the following? ❑Pacemaker ❑Insulin Pump ❑Seizure Disorders ❑Bleeding disorder ❑Pain analgesic pump ❑ Nerve Stimulator ❑No electronic devices implanted in my body ❑Other			

Please mark the areas of pain and rate the pain level (None = 0, Severe = 10)



I affirm that I have stated all my known conditions, and have answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. I hereby give consent to be treated with acupuncture therapy.

Client Signature: ______________________________ **Date:**__________