

Acupuncture For Life, LLC  
933 Baca Street Suite A  
Santa Fe New Mexico  
(801) 673-6795

*Maria Sagrario Cordero, DOM, L.Ac*

PATIENT MEDICAL HISTORY

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

- 1- What is your Chief Complaint: \_\_\_\_\_  
\_\_\_\_\_
- 2- How did this condition develop? \_\_\_\_\_  
\_\_\_\_\_
- 3- How long has this condition persisted? \_\_\_\_\_
- 4- Have you ever received any treatments for this condition? YES \_\_\_\_\_. NO \_\_\_\_\_  
If yes where? \_\_\_\_\_. When ? \_\_\_\_\_  
By whom? \_\_\_\_\_. What was the diagnosis? \_\_\_\_\_  
What were the results? \_\_\_\_\_
- 5- ( Female only) Are you pregnant? Or suspect that you may be pregnant? \_\_\_\_\_
- 6- List medications you are currently taking? \_\_\_\_\_  
\_\_\_\_\_
- 7- Have you tried Acupuncture or Chinese medicine before? YES \_\_\_\_\_. NO \_\_\_\_\_
- 8- Any major surgeries you have had? \_\_\_\_\_
- 9- Significant illness: ( Please check)  

<input type="checkbox"/> High blood pression	<input type="checkbox"/> Cancer	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizures
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Asthma	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Others
- 10- Significant Trauma (Auto, Falls, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

