



Chuck Graham, M.Ac.

Licensed Acupuncturist

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Phone (410) 426-8223

Name

Birthdate

Street Address

City, State, Zip

Telephone

Home

Work

Other

e-mail address

Please note here if you do not want me to contact you by any of the means listed above.

What do you want to address in treatment?

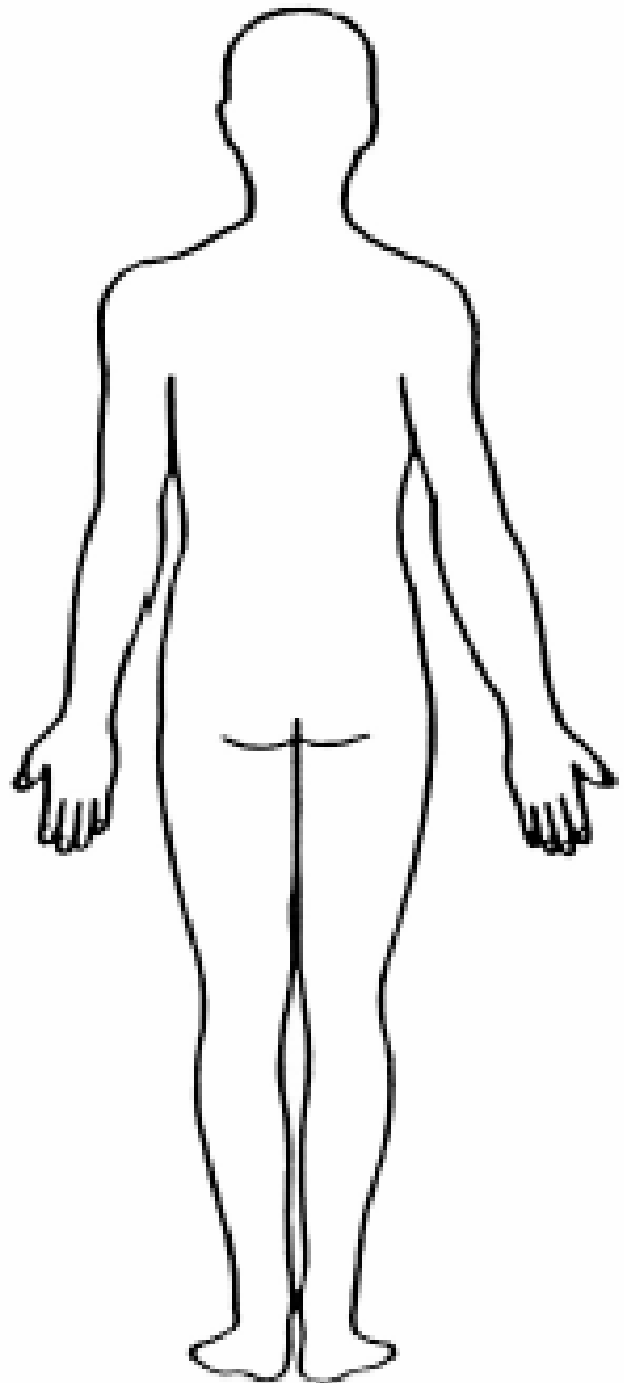
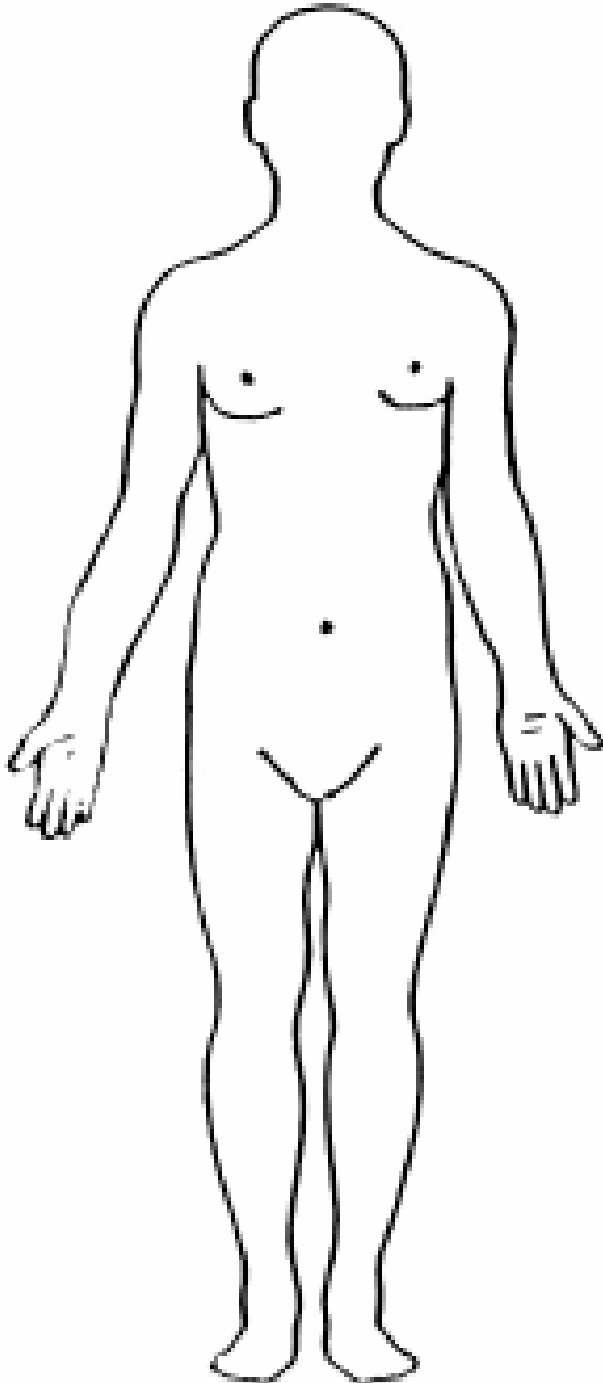
I have read the information about acupuncture, moxa, and herbal medicine on the website www.chuckgraham.com and request Chuck Graham to treat me with acupuncture, moxa, and/or Chinese herbs. I have read and understood the fee schedule and cancellation policy of Chuck Graham.

Signature:

Date:

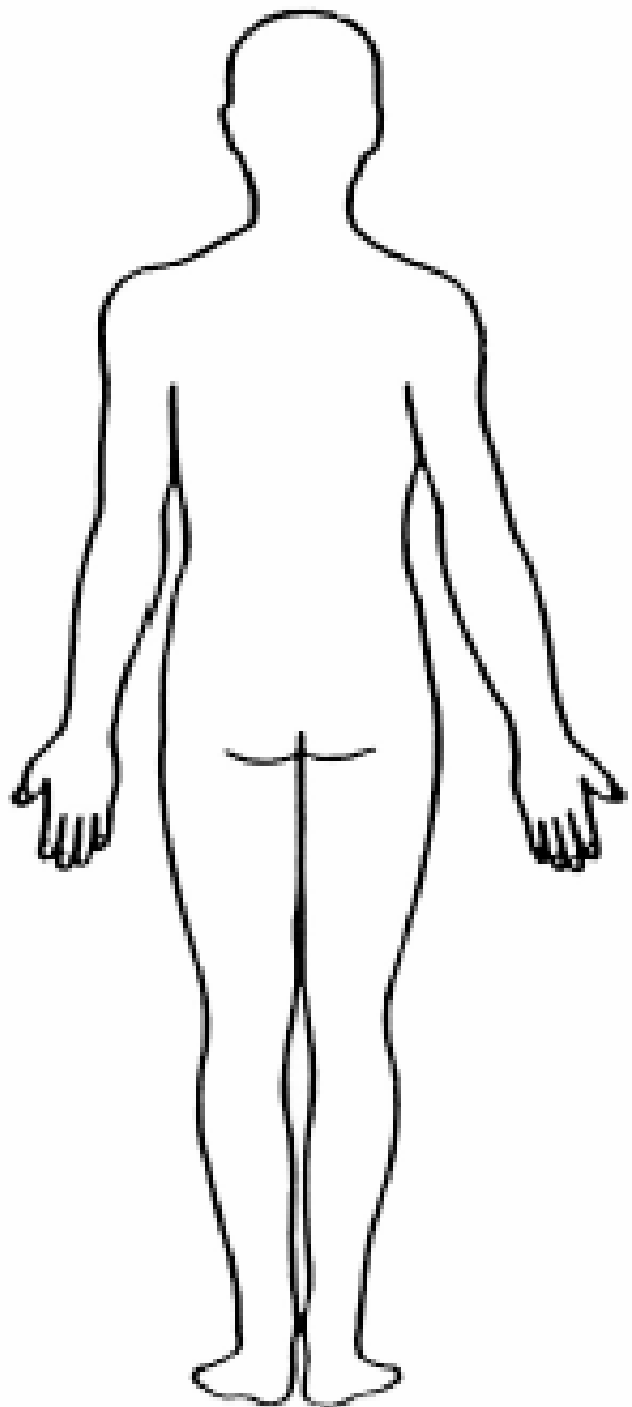
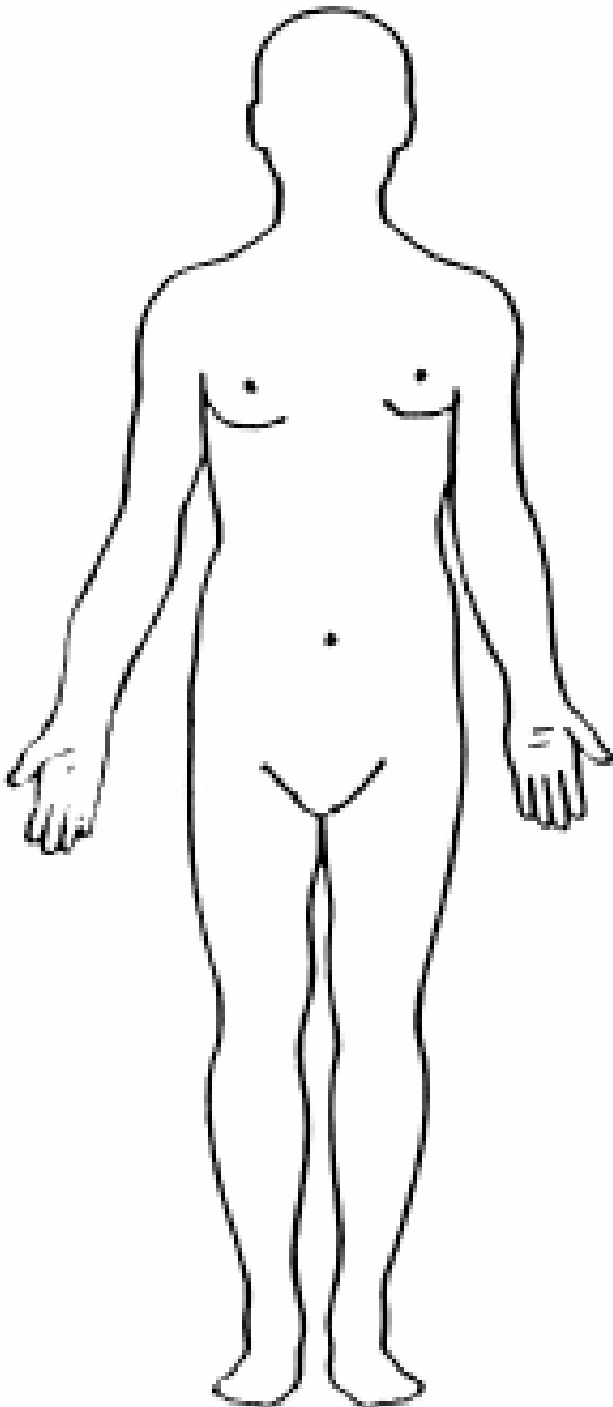
Health History

Please use the images below to indicate your health history, including all major illnesses, accidents or traumas, and surgeries. For instance, if you broke your left ankle in June, 2001, mark the left ankle and write to the side, “broken, June 2001” or something similar.



Current Health Concerns

Now, please use the following images to indicate areas of current health concerns. For instance, if you are having menstrual cramps, show where the cramps are felt and write close by “menstrual cramps.”



Body Systems

The following is a list of “body systems.” Please indicate any matters of note.

Digestion

Urination

Bowels

Sleep

Temperature

Gynecological

What pharmaceutical medicines do you take?

What over-the-counter medicines do you take?

What supplements and/or herbs do you take?

Briefly describe your diet, including alcohol and caffeine intake.

Please bring this to your first visit.