HEALTH OFFERINGS, INC.
Lisa C. Smith, L.Ac., Dipl. Ac. (NCCAOM)
VA License #0121000050
PO Box 8361
Richmond VA 23226

NAME: _____ DATE: _____

REASON FOR YOUR VISIT TODAY: _____
_____
_____

HAVE YOU HAD THIS CONDITION PRIOR? ☐ Yes; ☐ No
If yes, when? _____

HOW LONG HAVE YOU HAD THIS CONDITION? _____

IS IT GETTING WORSE? ☐ Yes; ☐ No; ☐ Unsure

DOES IT BOTHER YOUR SLEEP? ☐ Yes; ☐ No; ☐ Sometimes

DOES IT AFFECT YOUR MOBILITY? ☐ Yes; ☐ No; ☐ Sometimes

WHAT SEEMED TO BE THE INITIAL CAUSE? _____
_____

WHAT SEEMS TO IMPROVE IT? _____
_____

WHAT SEEMS TO AGGRAVATE IT? _____
_____

HAVE YOU HAD ACUPUNCTURE BEFORE? ☐ Yes; ☐ No

HAVE YOU USED HERBAL MEDICINE BEFORE? ☐ Yes; ☐ No

HAVE YOU SEEN A DOCTOR FOR THIS CONDITION? ☐ Yes; ☐ No
If yes, name of doctor or medical group: _____

HAVE YOU HAD AN X-RAY OR MRI? ☐ Yes; ☐ No; If yes, when? _____

ARE YOU IN PAIN TODAY? ☐ Yes; ☐ No
If yes, range of pain (1 = minimal, and 10 = unbearable): _____

ARE YOU USING CONCURRENT THERAPIES? ☐ Yes; ☐ No
If yes, please list: _____
_____
_____
_____
_____

HEALTH OFFERINGS, INC.
Lisa C. Smith, L.Ac., Dipl. Ac. (NCCAOM)
VA License #0121000050
PO Box 8361
Richmond VA 23226

Chart Update

NAME: _____ DATE: _____

Please list any vitamins that you take regularly:

Please list any prescription medications you take regularly:

Please list any surgeries you have had, and the year it was performed: