

Marianne Benforado, L.Ac.
630 Frederick Street
Santa Cruz CA 95062
831-212-3090



Marianne Benforado
Acupuncture & Wellness

Name: _____
 First M Last

Birthdate: _____
 Month/Day/Year

Address: _____
 Street City State Zip

Phone: (____) _____ (____) _____
 Home Cell

Email: _____
Your email will never be sold, leased, or rented to any third party. Your email is used for appointment confirmations and added to my monthly e-newsletter. You can unsubscribe from the newsletter at the bottom.

Emergency Contact: _____ (____) _____
 Name Phone Relationship

Who referred you here? _____

Primary Physician: _____ Phone: (____) _____

City/State: _____

II. MEDICAL HISTORY

Please indicate if you have or have been diagnosed with any of the following conditions:

- Fainting/Dizziness • High Blood Pressure • Bleeding Disorder • Cancer
- Hepatitis • Pacemaker • Other _____

Please include details for checked ones:

List of Major Surgeries:

CURRENT HEALTH STATUS

What is your current overall STRESS level?

lowest 1 2 3 4 5 6 7 8 9 10 *highest*

What is your daily ENERGY level like on a regular basis?

Excellent/High Moderate Poor/Low Up & Down

What is the current state of your DIGESTION?

Excellent Good Fair Poor

Do you follow a special diet (e.g., gluten free, vegetarian, etc.)?

Diet details: _____

How would you rate the nutritional quality of your diet

Excellent Good Fair Poor

How is your quality of SLEEP?

Excellent Good Fair Poor

How often is EXERCISE a part of your regular routine?

Frequent Occasional Infrequent Never

How often is PLAY a part of your life?

Frequent Occasional Infrequent Never

Please list any prescriptions, supplements or herbal medicines you take regularly:

Reason for today's visit:

Goals for today's visit:

Are you being treated elsewhere for this? If yes, please elaborate:

Anything else you would like to me know?

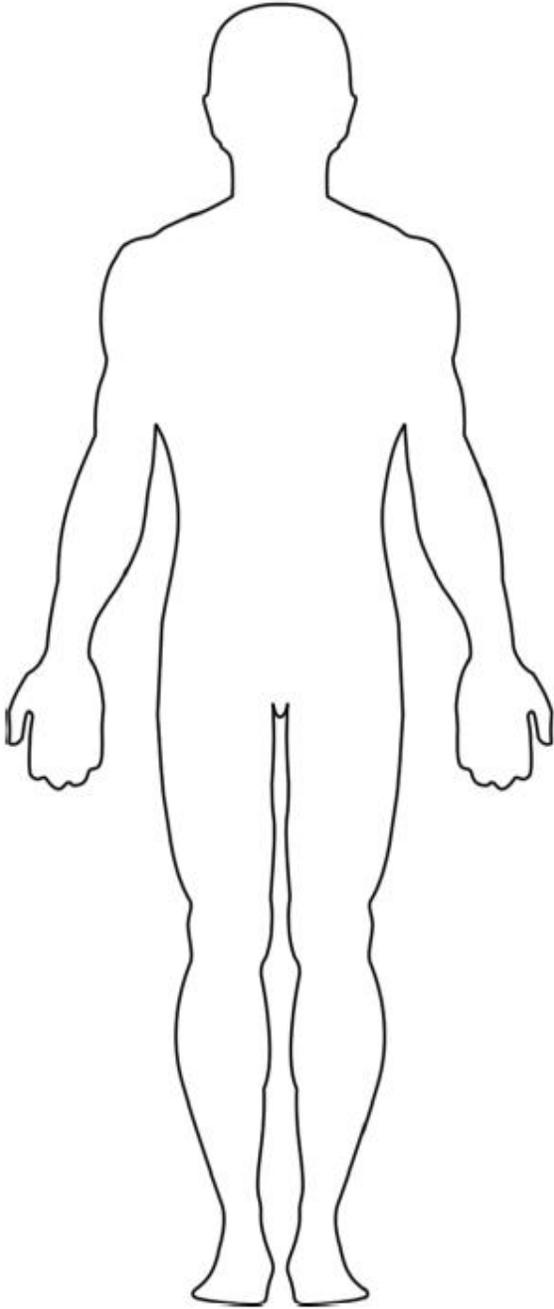
For females:
please include date of last period if applicable. _____

Any chance you are pregnant? Yes or No

Body Pain Indicator

Please indicate the body areas where you are experiencing pain, sensation, or discomfort.

Front



Back

