



Vitality for Life  
**HEALTH CENTER**  
 560 Bryne dr. Unit 1A  
 Barrie, ON L4N 9P6  
 705.733.2033  
 www.vitalityforlife.ca

**Acupuncture - Health Questionnaire**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
Last Name First Name

**Birthdate:** \_\_\_\_\_ **Sex:** M F  
day/month/year

**Marital Status:** \_\_\_\_\_ **Nationality:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Email:** \_\_\_\_\_

**Telephone:** (home) \_\_\_\_\_ (work) \_\_\_\_\_

Current Health Concerns:	How long ?

What kind of **treatment** (if any) have you received for the problem(s)?  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you currently working with a **Medical Doctor**?  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you currently on any **medications**? (include name, dose and how long you have been on it)  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you currently on any **vitamins** or **herbal** remedies?  
 \_\_\_\_\_  
 \_\_\_\_\_

**Medical History:** (Please provide information for each of the following ie. Dates, details)

- Surgeries: \_\_\_\_\_ Date: \_\_\_\_\_
- Past Hospitalizations: \_\_\_\_\_ Date: \_\_\_\_\_
- Accidents/Trauma: \_\_\_\_\_ Date: \_\_\_\_\_
- Which **vaccines** have you received? (please include approximately when they were last given)  
Hepatitis B \_\_\_\_\_ DPT \_\_\_\_\_ HiB (influenza) \_\_\_\_\_  
Polio (injected or oral) \_\_\_\_\_ Measles/Mumps/Rubella \_\_\_\_\_  
Tetanus \_\_\_\_\_ Chickenpox \_\_\_\_\_ Flu shot \_\_\_\_\_

\*Did you experience any reactions to the above vaccines?

\_\_\_\_\_

- List of **Medications/ Herbs** taken in the past:  
1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_ 6. \_\_\_\_\_

**Family History:** (Please list age & health problems, or age & cause of death)

	<u>Age</u>	<u>Health Problems</u>
Mother	_____	_____
Father	_____	_____
Siblings	_____	_____
	_____	_____
Grandma(Maternal)	_____	_____
Grandma(Paternal)	_____	_____
Grandpa(Maternal)	_____	_____
Grandpa(Paternal)	_____	_____

**Other:** (is there anything else I should know about you)