

BRANDON ACUPUNCTURE CENTER AND WELLNESS

Merle J. Friedman AP, LD/N, PA

Licensed Dietitian/ Nutritionist, National Board-Certified Acupuncture Physician

902 W. Lumsden Road Suite 101, Brandon, FL 33511

Tel: 813-381-3835 Fax: 813-324-9800 email: acupuncture@merlejfriedman.com www.brandonacupuncturecenter.com

PATIENT INTAKE FORM

(N)

Thank you for coming. Please help us provide you with a complete evaluation by taking time to fill out this questionnaire carefully. All your information will be confidential. If you have questions do not hesitate to ask. Thank you.

Personal information:

Date: _____

Last Name: _____ **First Name:** _____ **Middle:** _____

Date of Birth: ___ / ___ / ___ **Age:** _____ **Gender** F__ M__

Address: _____ **City:** _____ **State** ___ **ZIP** _____

Telephone: _____ **Email:** _____ Allow email contact: __ Yes __ No

How did you hear about our clinic? _____ Referred by: _____

Name of your physician: _____ Tel: _____

Emergency contact name: _____ Tel: _____

Main Complaint/Reason for visit:

- How long ago did this problem begin? _____
- What diagnosis have you been given for this problem? _____
- What kinds of treatment have you tried? _____
- Are you currently receiving treatment for your problem? _____
 - If so, please describe: _____

MEDICINE: (prescription and over-the-counter drugs, vitamins, herbs, supplements, etc. taken within the last three(3) months)

ALLERGIES (drugs, chemicals, foods, environmental): _____

FAMILY MEDICAL HISTORY:

Diagnosis	Self	Family	Diagnosis	Self	Family	Diagnosis	Self	Family
Anemia			Hepatitis			Thyroid disease		
Arthritis			Headaches			Tuberculosis		
Asthma			Heart Problems			Alcoholism		
Cancer			High Blood Pressure			Depression		
Diabetes			High Cholesterol			Emotional disorders		
Eye diseases			Obesity			Other:		

Are there any other internal organ or systemic dysfunctions that we should be aware of _____

BRANDON ACUPUNCTURE CENTER AND WELLNESS

Merle J. Friedman AP, LD/N, PA

Licensed Dietitian/ Nutritionist, National Board-Certified Acupuncture Physician

902 W. Lumsden Road Suite 101, Brandon, FL 33511

Tel: 813-381-3835 Fax: 813-324-9800 email: acupuncture@merlejfriedman.com www.brandonacupuncturecenter.com

Occupation: _____ Do you usually work indoors or outdoors?

Occupational stress (chemical, physical, psychological, etc): _____

Personal: Height _____ Weight now _____ Weight one year ago _____

Weight maximum _____ @Year _____

Habits: Do you smoke? Yes No What? _____ How many per day? _____ Since when? _____

Please describe any use of drugs for non-medical purposes: _____

Exercise: None Light Moderate Active Very Active Elite Athlete

Type of Exercise _____ How often? _____

Sleep: How many hours do you sleep in general? _____

Insomnia Yes No Difficulty Falling Asleep Yes No Difficulty Staying Asleep Yes No

Wakes Up Frequently Yes No Cannot Wake Up in morning Yes No

Diet: How much coffee do you drink? _____ cups/day Sodas _____ number/day Tea _____ cups/day

What kind of alcoholic beverages do you usually drink, if any? _____ Average number of drinks/week? _____

How much water do you drink per day? _____

Are you a vegetarian? Yes No Yes, but not so strict Do you eat a lot of spicy food? Yes No

Remarks and additional information about your diet _____

Please describe your average daily diet (Please be as specific as possible):

Morning: _____

Afternoon: _____

Evening: _____

Snacks: _____

BRANDON ACUPUNCTURE CENTER AND WELLNESS

Merle J. Friedman AP, LD/N, PA

Licensed Dietitian/ Nutritionist, National Board-Certified Acupuncture Physician

902 W. Lumsden Road Suite 101, Brandon, FL 33511

Tel: 813-381-3835 Fax: 813-324-9800 email: acupuncture@merlejfriedman.com www.brandonacupuncturecenter.com

Informed Consent for Nutrition Services

I am employing the counseling services of Merle Friedman, MS,RDN,LD. so that I can obtain information and guidance about health factors within my own control (diet, nutrition, and related behaviors) in order to nourish and support my health and wellness. I understand that the clinician at Brandon Acupuncture Center and Wellness is a Dietitian/Nutritionist. Merle Friedman provides education to enhance my knowledge of health as it relates to food, dietary supplements, and behaviors associated with eating. While nutritional and botanical support can be an important compliment to my medical care, I understand nutrition counseling is not a substitute for the diagnosis, treatment, or care of disease by a medical provider. Nutritional evaluation or testing provided in counseling is not intended for the diagnosis of disease. Rather, these assessment tests are intended as a guide to developing an appropriate health-supportive program for me, and to monitor my progress in achieving my goals. I agree to hold Merle J. Friedman, AP, MS,RDN,LD. harmless for claims or damages in connection with our work together. This is a contract between myself and Merle J. Friedman MS,RDN,LD and I understand that it is also a release of potential liability.

PRINTED NAME: _____

Relation to patient: _____

SIGNATURE: _____

Date: _____

Merle J. Friedman, A.P LD/N PA _____

Date: _____

FL License # ND0001556

AP 2449