

## **Lexington Medical Acupuncture**

380 S. Mill Street (at Dudley Square) Lexington, Kentucky 40508 Elizabeth Armstrong, M.D. Phone: 859-281-0100 Tax ID#: 14-1953376

Email: earmstrong@lexingtonmedicalacupuncture.com

## **Patient Information**

Name:			Today's Date:				
Address:			Date of Birth:				
City:					State: Zip:		
Occupation (if re	etired, wha	t did you do in t	the p	ast?)			
Home Phone:  Cell Phone:  Please ** best way to contact you)							
If "Yes", physical Reason(s) for too How long have your what medication	ian's name day's visit: ou had thi	is condition?	ts ar	now? Yes _			
Medications	Dose	How Often?		Medications	Dose	How Often?	
Age / Year Ple	ease list an	y illnesses, hosp	oitali	zations, accidents	or surgeries	you've had	

Please complete the back of this page ⇒ ⇒ ⇒ ⇒

Are you on a special diet? Yes No If "Yes", please describe:
On average, how many cups of caffeinated beverages do you drink a day?
Do you drink alcohol? Yes No How often? How much?
Do you use tobacco? Yes No What type? How much? How long? Have you ever tried to quit? Yes No How?
Do you exercise? Yes No. What type of exercise? How often? For how long?
What complimentary or alternative treatments have you used for your own self care and treatment of symptoms or conditions you have experienced?
Please think about what you hope to achieve from your evaluation and treatment and list any concerns you would like to see Dr. Armstrong address in the order of their importance to you.
Is there anything else that you feel Dr. Armstrong should know about you relevant to your condition?

Lexington Medical Acupuncture is committed to offering you care for your body, mind and spirit that is compassionate, competent, complimentary and patient-oriented.

Thank you for joining us!