

New Patient Health History Form

Date: / /

Name: _____ (M · F)

Date of birth (MM/DD/YYYY): / / (Age:)

Address: _____

Contact phone number: _____ E-Mail: _____

School name: _____ (Grade:) or Occupation: _____

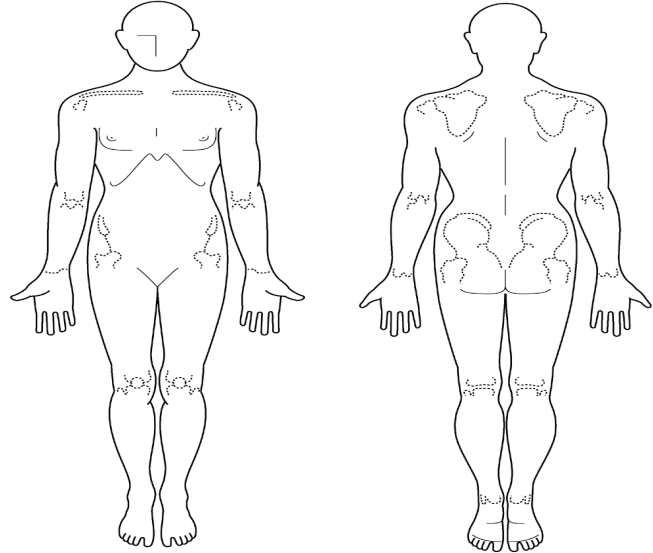
1.How did you hear about our clinic?
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2.Please indicate any painful or distressed area by circling the body parts in the right diagrams.

3.What is your main problem?
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4.When did the problem begin?
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5.What do you think caused the problem?
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6.Have you been given a diagnosis for this problem? Or Are you being treated for this condition by anyone else?
No / Yes →(Where?:)
(What was the diagnosis?:)

7.Please describe any major surgeries, trauma, or illnesses you have had. Please include dates.
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8.Do you play any sports?
Sports() When did you begin?()
Position/Specialty() Are you regular member? (Yes / No)
Team () Manager / Head coach ()
Team Performance(e.g. Entered the national competition) ()
Individual Performance(e.g. Prefectural selection) ()
Practice Day (Mon / Tue / Wed / Thu / Fri / Sat / Sun : days/week) (Morning Training: days/week)
Practice Time (Weekday: hours / Holiday: hours)

9.Sports History		Sports	Team	Position/Specialty
Primary school	()	()	()	()
Junior high school	()	()	()	()
High school	()	()	()	()
University	()	()	()	()
	()	()	()	()

10.What are you seeking? (Please circle)
Desired time: 30min / 45min / 60min / 90min / 120min
Treatment Content: Massage / Acupuncture / Moxibustion / Training / Electro-Acupuncture / Taping
Purpose: Relaxation / Relief of symptoms / Return to the competition / Rehabilitation / Preventive care and training

*We do not use the personal information that had you fill it out other than the use purposes such as clinical record management or this hospital guidance, and the like in this hospital.
*Please note that we may use a treatment, a training record, and the like for scientific study, and the like.
In that case, we delete the personal information such as a name, the date of birth, and the like, and an individual uses it in the state that is not identified.
Take Sprints Acupuncture & Massage Clinic