

Classical Acupuncture and Herbs

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Name _____ Date _____

Please circle the following conditions that you currently have or suspect that you have:

1. Hypertension and cardiac conditions
2. Acute, severe abdominal pain
3. Undiagnosed neurological changes
4. Unexplained weight loss or gain in excess of 15% of the patient's body weight in less than a three month period
5. Suspected fracture or dislocation
6. Suspected systemic infection(s)
7. Suspected hemorrhagic disorder
8. Acute respiratory distress without a previous history
9. Pregnancy
10. Diabetes

Are you currently under the care of a physician for this or any of these conditions?

Yes _____ No _____

Name and contact information of treating physician: