

# KAISER

ACUPUNCTURE  MASSAGE THERAPY

(Please answer the questions below to the best of your ability)

How was your childhood health?

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Hospital Visits/Surgeries?

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Recent Testing/Blood Work Results?

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Immunizations?

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Medication History?

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Vitamins/Supplements?

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Stress?

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Drugs/Alcohol/Tobacco Use?

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(Please initial and date the bottom right hand corner of each page)