

Cardinale Acupuncture
Chet Cardinale L.Ac
1046 WALDEN AVE
CHEEKTOWAGA, NY
716-893-4664

PATIENT INTAKE FORM

Name _____ Date _____
Age _____ Date of Birth _____ Gender: Female _____ Male _____
Address _____
City _____ State _____ Zip Code _____
Telephone (Home) _____ Work _____
Occupation _____ Hours per week _____ Retired _____
Employer _____ e-mail _____
Education _____
Married _____ Separated _____ Divorce _____ Widowed _____
Single _____ Partnership _____
Live with: Spouse _____ Partner _____ Parents _____ Children _____
Friends _____ Alone _____
Next of kin or other to reach in an emergency
Phone _____
How did you hear about our clinic? _____
Are you currently receiving health care? _____
Who is your primary care physician? _____