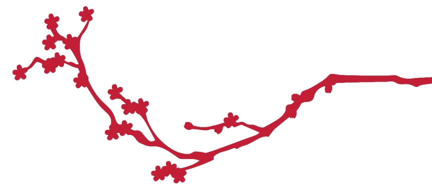
Mary T. Egan Acupuncture
222 Webster Street
Hanover, MA 02339
781-264-7015



Patient Information

Name:____

Date of Birth: ____ / ____ / _______ Gender: M____ F____ Age __________

Street Address: ____

City:____________________________________ State:_________ Zip Code:________________

Cell Phone: ( ) ______-_________ Home Phone: ( ) ______-___________

Email Address: ____

Preferred Communication: Cell ____ Email____ Other:_________________

Referred By (if applicable):____

Primary Care Physician:___________________________ Date of Last Physical Exam: _______

What is your chief medical complaint: ____

List all prescription and over the counter medications that you take:

____

____

List all dietary supplements that you take including herbs, vitamins, minerals, etc.:

____

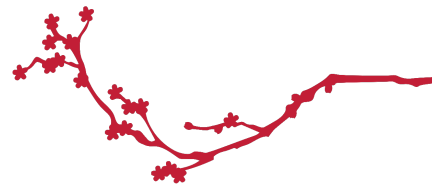
____

Are you allergic to any medications (if yes please list): ___________________________________

Do you have any food allergies or sensitivities (if yes please list): _________________________

Are you on a special diet (if yes please describe): ______________________________________

Mary T. Egan Acupuncture
222 Webster Street
Hanover, MA 02339
781-264-7015



Do you smoke: Y____ N____

Are there any external stressors you would like to inform me of including work, health, family etc.:

____

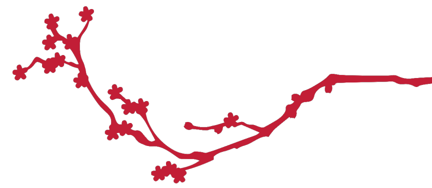
____

____

Place an (X) next to the symptoms listed below that concern you:

Poor appetite	Shortness of breath	Muscle aches	Muscle weakness
Weight gain	Swollen feet or ankles	Bruise easily	Seizures
Weight loss	ADD/ADHD	Swollen glands	Faulty memory
Fever, chills	Leg cramping	Hot weather intolerance	Trouble sleeping
Excess sweating	Varicose veins	Cold weather intolerance	Stress
Fatigue	Heartburn	Increased thirst	Nervousness
Eye trouble	Abdominal cramping	Increased urine volume	Depression
Ear trouble	Nausea	Skin Irritation	Anxiety
Ringing in the ear	Vomiting	Hair or nail problem	Fear
Nose bleeds	Belching or flatulence	Itching	Anger
Sinus discomfort	Diarrhea	Headaches	**OCD**
Cough	Constipation	Dizziness	Menstrual trouble
Wheezing	Backache	Fainting	Hot flash
Chest pains	Arthritis or joint pain	Tremors	***Fertility**
Heart palpitations			

Mary T. Egan Acupuncture
222 Webster Street
Hanover, MA 02339
781-264-7015



Place an (X) next to any illness you have been diagnosed with:

Heart murmur	Hepatitis A, B, or C	Gall stones
Heart attack	Stomach ulcer	Chronic fatigue syndrome
Angina	Phlebitis	Epilepsy
Heart disease	Thyroid disease	Lyme disease
High blood pressure	Tumor	Gout
Low blood pressure	*Cancer	Kidney stones
Pneumonia, pleurisy	Diabetes I or II	Bleeding disorder
Emphysema	Nervous disorder	Anemia
Allergies	Glaucoma	Other:___________________

*Cancer patients please list the primary source of your cancer and the stage:________________

____

*Fertility patients please answer the following questions:

How long have you been trying to get pregnant: _______________________________________

What methods have you used to get pregnant (natural cycle, IUI, IVF):____________________

____

What was the first day of your last period:____

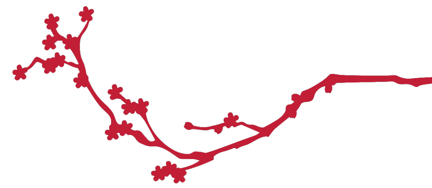
How many days between the first day of bleeding to the first day of bleeding the next month:

____

How long is your typical cycle: ____

Are you currently being treated by a fertility center: _____________________________________

Mary T. Egan Acupuncture
222 Webster Street
Hanover, MA 02339
781-264-7015



Have you ever been pregnant (if yes how many times): ___________________________________

How many living children do you have: ____

Have you had any pelvic surgeries:____

Have you had Day 3 bloodwork in a fertility lab: ____