



Martine Dupont  
— acupuncture —

**Personal informations**

Name

Surname

Address

Zip code

City

Email

Phone number

name, address, telephone number of the attending physician

current complaints

When did these complaints start? Do you know the exact period (day, month, year)?

What makes your complaints better or worse?

Have you ever had acupuncture?

Do you suffer from hypertension, hypotension, hyperthyroidism, hypothyroidism,...?

Do you suffer from heart problems, do you have a pacemaker?

Do you take medication regularly? what kind? how often?

Do you suffer from any chronic illnesses? contagious diseases?

Souffrez-vous d'allergies ?

Have you had any surgery(s)?

Signature

Date