



Dr. Dennis Cronk Dr. Karyn Marshall  
759 Broad Street, Shrewsbury, NJ 07702  
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**ACUPUNCTURE PATIENT INTAKE FORM:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Today's Date \_\_\_\_\_

Birth Date \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Sex \_\_\_ Marital Status \_\_\_ No. of children \_\_\_\_\_ Social Security: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Occupation \_\_\_\_\_

Person to contact in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

Whom may we thank for referring you to us? \_\_\_\_\_

Major Complaints (reason for your visit):

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1. Which of your major complaints bothers you the most?  
\_\_\_\_\_
2. On a scale of 1 to 10, how bad is it? (0 being none; 10 being the worst)  
\_\_\_\_\_
3. How long have you had this complaint(s)? \_\_\_\_\_
4. Prior to this problem beginning, did you ever have an earlier problem that was the same or similar and when? (Explain) \_\_\_\_\_
5. For your present condition did your pain appear [ ] Slowly [ ] Suddenly?
6. How often does it bother you now?  
\_\_\_\_\_



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7. When it is at its worst, how does it feel?  
\_\_\_\_\_
8. What activities aggravate current condition? \_\_\_\_\_
9. What do you do to relieve current condition?  
\_\_\_\_\_
10. What other treatments have you tried for this condition?  
 Chiropractic  Physical Therapy  Anti-inflammatory Medication (NSAIDS)  
 Pain Medication  Cortisone Injections  Surgery
11. Do you suffer from  
( ) Depression ( ) Anxiety ( ) other if so explain \_\_\_\_\_
12. What medications are you currently taking?  
\_\_\_\_\_
13. How is your current condition affecting you?  
 Work,  Home,  Recreational Activities,  Relationships,  Sleep
14. When it is at its worst, how does it interfere with your normal daily activities?  
\_\_\_\_\_
15. Women: Are you pregnant or is there any possibility you might be pregnant?  
\_\_\_\_\_ If so how far along? \_\_\_\_\_