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 you primary care physician? _____