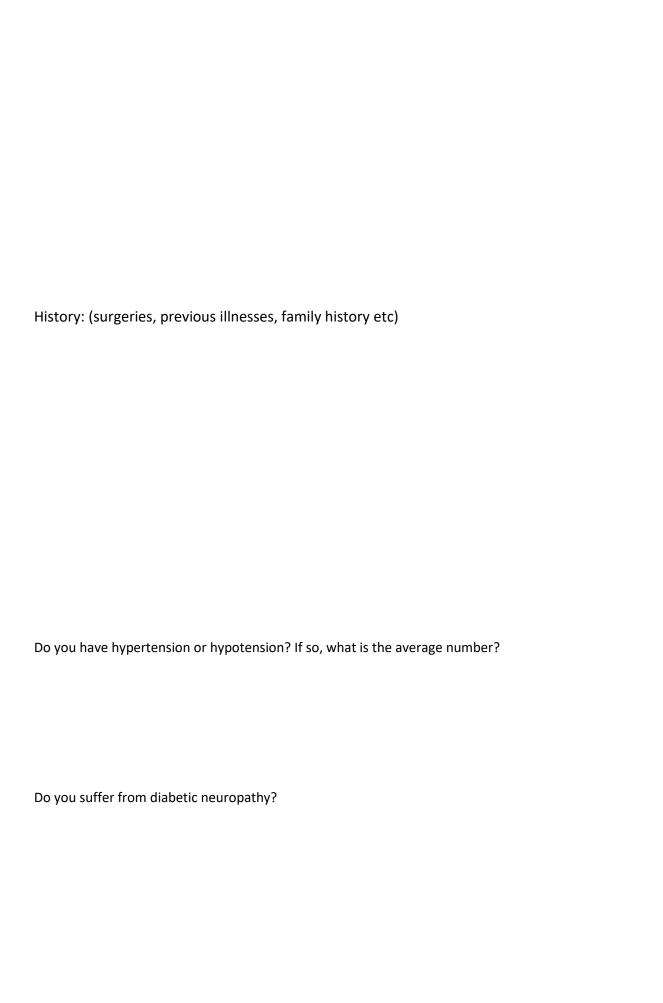
## **Asim Safdar L.Ac**

## **Patient Intake Form**

Name:	Date:
Date of Birth:	
Cell Phone #	Home Phone#
Email	Address:
City State	Postal Code
Emergency Contact:	Phone
Primary Care Physician:	
Name:	Phone:
Addross	

Are you seeing any other health care or alternative medicine providers?
May we communicate with other providers about your case and treatment?
Yes No
Main Symptoms/Concerns:
Current Medications/Supplements/Herbs



Do you have a bleeding or a blood disorder such as hemophilia, Von Willebrand disease, sickle cell anemia or Thalassemia? Are you currently taking blood thinner medications such as coumadin/warfarin.
Are you pregnant?