



Current Health Issues

Please use this form to list and describe any current health issues.

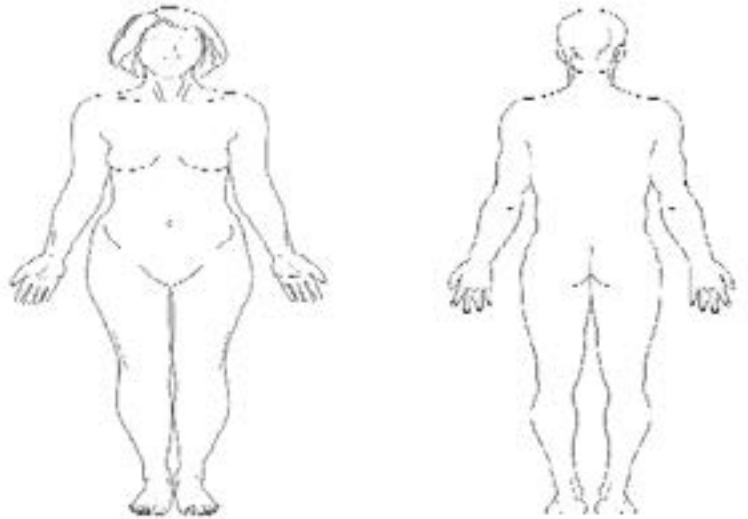
Be as specific as you wish. Ask for additional paper if necessary.

Reverse Side is your SUPERBILL receipt. Please ask for a copy to file with your Insurance Company

Main Health issues you want addressed: <input style="width: 95%;" type="text"/>	How have issues changed since last visit? <input style="width: 95%;" type="text"/>
	Are conditions worsened by work or life environment? Please Explain. <input style="width: 95%; height: 30px;" type="text"/>

Have you had any medical testing since last visit? For what condition and what were the results? <input style="width: 95%;" type="text"/>
Any new or changed medications/supplements? <input style="width: 95%;" type="text"/>
Any changes to your exercise or relaxation activities? <input style="width: 95%;" type="text"/>

Please use the diagram below to show any areas of
(P) pain, (N) numbness, (H) heat, (C) cold,
(S) swollen, (E) emotion, (A) acne, (R) rash



Patient NAME: last: <input style="width: 80%;" type="text"/>	first, MI <input style="width: 80%;" type="text"/>	visit DATE: <input style="width: 95%;" type="text"/>	email: <input style="width: 95%;" type="text"/>
		phone: <input style="width: 95%;" type="text"/>	

Patient NAME last: _____ first, MI _____		Patient DOB: ____ mm dd yyyy	Insurance Company: _____	visit DATE: _____
Patient ADDRESS street: _____		city: _____ st: _____ zip: _____	policy holder name: _____	policy #: _____
Terms: Payment due within 10 days of visit date Patient insurance assignment signature on file				

code.mod	PROCEDURES	qty	price	notes
99201.	first visit, minimal			
99202.	first visit, detailed			
99203.	first visit, extensive			
99211.	return visit eval, min			
99212.	return visit eval, detail			
97810	acupuncture			

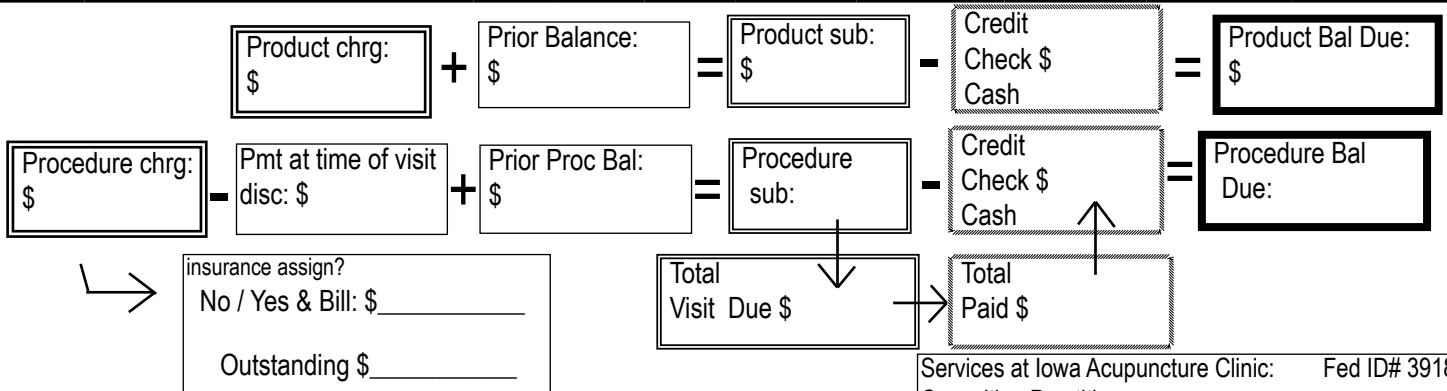
ICD	DIAGNOSIS	notes

Treatment notes: _____	tbl up tbl dwn chair mobile
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Procedure Charges: \$	Suggested Discount \$
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code	PRODUCTS	# pills	times / day	# days	Unit size	Unit price	Units	Total Cost	Notes
							x		
							x		
							x		
							x		
							x		
							x		

non-tax products \$	+ (taxable products \$	x 1.07 tax = \$) = Total Product Charge \$
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acupuncture
clinic**



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Consulting Practitioner:
____ Elizabeth Terrell, L.Ac. IA 004 NPI: 1710318852
____ William Terrell, L.Ac. IA 005 NPI: 1194156240
signed: _____ date: ____/____/____