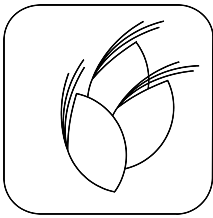


Trinity Natural Medicine & Acupuncture
6505 218TH ST SW, STE 15
MOUNTLAKE TERRACE, Washington, US - 98043-2135

New Patient Intake Form (Adult)

Trinity Natural Medicine & Acupuncture

How did you hear about us? *
☐ Family / Friend ☐ Medical Insurance ☐ Professional Referral
☐ Google ☐ Yelp ☐ Facebook
☐ Other

If someone referred you, whom can we thank (name)? ____________________

--PATIENT INFORMATION--

First Name: * ____________________

Last Name: * ____________________

Birth Gender: *
☐ Female ☐ Male ☐ Other
☐ Decline to specify

What gender do you identify as?
☐ Female ☐ Male ☐ Other
☐ Decline to specify

Previous Name (If applicable): ____________________

Preferred Name/Nickname: ____________________

Birthday: * ____________________

Mailing Address: * ____________________

Apt/Unit/Suite #: ____________________

City/State/Zip: * ____________________

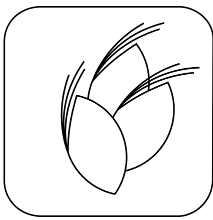
Email: * ____________________

Preferred Phone #: * ____________________

Preferred phone # is my: *
☐ Home ☐ Cell ☐ Work

Is it okay to leave confidential voicemails at this number? *
☐ Yes ☐ No

Social Security #: ____________________



Trinity Natural Medicine & Acupuncture
6505 218TH ST SW, STE 15
MOUNTLAKE TERRACE, Washington, US - 98043-2135

Race *

☐ American Indian / Alaskan Native ☐ Asian ☐ Black / African American
☐ Native Hawaiian / Other Pacific Islander ☐ White / Caucasian ☐ Decline to answer

Ethnicity *

☐ Hispanic or Latino ☐ Non-Hispanic or Latino ☐ Decline to answer

--EMERGENCY CONTACT--

Emergency Contact Name: * ____________________

Emergency Contact #: * ____________________

Relationship to Patient: * ____________________

--INSURANCE INFORMATION--

Insurance Co. Name: ____________________

Member ID: ____________________

Policy Holder's name (if other than patient): ____________________

Policy Holder's date of birth (if other than patient): ____________________

Policy Holder's relationship to patient: ____________________

--SOCIAL HISTORY--

Relationship Status: *

☐ Single ☐ In a relationship ☐ Married
☐ Divorced ☐ Separated ☐ Widowed
☐ Other

Do you have any children? ☐ Yes ☐ No

Age(s) of your child/children: ____________________

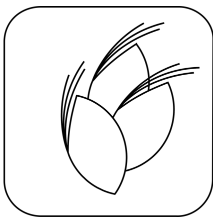
Are you sexually active? ☐ Yes ☐ No

Sexual partner(s) is/are/have been (check all that apply):

☐ Female ☐ Male ☐ Both
☐ Other

Birth control method or STD prevention (check all that apply):

☐ None ☐ Condom ☐ Contraceptive pill
☐ IUD ☐ Hormone patch ☐ NuvaRing
☐ Diaphragm ☐ Vasectomy ☐ Tubal ligation



Trinity Natural Medicine & Acupuncture
6505 218TH ST SW, STE 15
MOUNTLAKE TERRACE, Washington, US - 98043-2135

FOR FEMALES: are you pregnant?
- ☐ Yes
- ☐ No
- ☐ No, but I am currently trying or have plans to become pregnant within a year
- ☐ Unsure

Employer Name: * ____________________

Occupation and/or Job Title * ____________________

Education Level: *
- ☐ Elementary
- ☐ High School
- ☐ Vocational/technical school
- ☐ College
- ☐ Graduate/professional

Smoking / Tobacco Use: * ☐ Current ☐ Past ☐ Never

Alcohol Use: * ☐ Current ☐ Past ☐ Never

Recreational Drug Use: * ☐ Current ☐ Past ☐ Never

Do you exercise?
- ☐ Yes, regularly at least 3x a week
- ☐ Sometimes, about once a week
- ☐ Rarely, about 2-3x a month
- ☐ No

--MEDICAL HISTORY--

Height: * ____________________

Weight: * ____________________

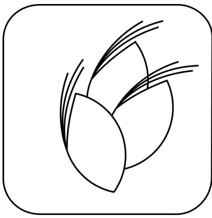
What is the purpose of your visit today? *

List all allergies and allergic responses (i.e. pollen - itchy eyes): *

Past surgeries & hospitalizations:

Current supplements:

Current medications and doses: *



Trinity Natural Medicine & Acupuncture
6505 218TH ST SW, STE 15
MOUNTLAKE TERRACE, Washington, US - 98043-2135

Do you currently have or have a history of the following medical conditions (check all that apply):

☐ Adrenal Disorder ☐ Anemia ☐ Anxiety
☐ Arthritis / Joint Disorder ☐ Asthma ☐ Cancer
☐ COPD ☐ Depression
☐ Diabetes Mellitus ☐ Digestive Problem ☐ Heart Disease
☐ Hyperlipidemia ☐ Hypertension ☐ Kidney Disease
☐ Liver Disease ☐ Stroke ☐ Thyroid Disease
☐ Other

Please list any significant FAMILY health history of diseases or conditions:

PATIENT SIGNATURE *

Date *