

Maximilian Muenke, M.D.
Physician Acupuncturist (License Number: PAK 000079)
Diplomate, American Board of Medical Acupuncture
Medical Acupuncture and Complementary Medicine, L.L.C.

329 Bryn Mawr Avenue, Bala Cynwyd, PA 19004
Tel.: 610-256-4103, Email: maxmuenke@aol.com
www.MedicalAcupunctureandComplementaryMedicine.org

Patient Medical History Form

Name:

Birth Date:

Address:

Phone numbers:

Referring Physician: Name & Address

Home:

Work:

Main Problem:

Date of Onset:

Reason for visit:

Please answer the following:

Height: _____ Weight: _____ Are you pregnant? _____ Do you have a pacemaker? _____

Are taking any blood thinners? _____

Past medical history:

Cancer _____ High blood pressure _____ Diabetes _____ Arthritis _____

Heart disease _____ Accidents/injuries _____

Other (specify) _____

Surgeries (please specify with dates) _____

Allergies: _____

Medicines/therapies received in the past three (3) months: _____

Habits (What? How much/many?):

Cigarettes: _____ Alcohol: _____ Drugs: _____ Coffee/tea _____

Family history (specify in whom –mother / father / brother / sister / children):

Cancer _____ Heart disease _____ High blood pressure _____

Stroke _____ Alcoholism _____ Allergies _____

Other _____

Diet/nutricion: _____

Physical activity: _____

Faith/believes/spirituality: _____

Patient signature: _____ Date: _____