



NEW  
EARTH  
ACUPUNCTURE

HEAL YOUR WORLD

### Welcome to New Earth Acupuncture!

I am so very excited to share the joyful, warm healing power of Chinese Medicine with you, and I am glad that you have chosen us as a means to a healthier, more empowered version of yourself. My own experiences as a patient of this Medicine have taught me just how incredible and life-changing Acupuncture, Herbal Medicine, and Chinese Medical Massage can be. I still get excited every time another patient experiences this for themselves. I have lived all over the world and-- even after working as a Doctor in China-- I can say with confidence that the care you receive at New Earth Acupuncture will be some of the highest quality Chinese Medicine available in the world. We invest ourselves in your health and well being.

There are some recommendations to keep in mind before you begin your treatments which will help produce great results:

- Be on time to each and every appointment - we'll be sure to not make you wait once you arrive
- Have something light to eat before you arrive, trying to avoid foods that color your tongue (popsicles, etc) or effect your heartbeat (coffee, energy drinks)
- Bring/Wear loose fitting clothing which allows us access to your knees and elbows
- Answer questions as honestly and completely as you can - even if the answer is "I don't know yet"
- Ask questions if you have them, and please give us your feedback
- Let us know if you have a scheduling problem - this includes giving us at least 24 hours notice to avoid any cancellation fees

Again, thank you for your trust in us! Your healing journey has already begun and we are excited to join you in the process. If you have any questions, please don't hesitate to call!

Be Well,

Sean Going, LAc, MAcOM

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**Patient Information:**

Name \_\_\_\_\_ Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Marital Status \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Is it okay for us to contact you outside of treatments (reminder calls, etc)? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there anyone you *don't* want us to leave a message with? \_\_\_\_\_

**Responsible Party: (If Self, simply right NA and skip)**

Name of responsible party: \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

**Emergency Contact / Next of Kin:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**How did you hear about New Earth Acupuncture?/Who may we thank for referring you?**

\_\_\_\_\_

The following information will help us maintain your account and/or your care. Some things may seem unrelated to the reason you have decided to see us, but may be vital to your progress. Please answer all of the following questions to the best of your ability, and ask for help if you need it! There's no "right" or "wrong", "good" or "bad", no judgement. Just do your best, and all information will be kept confidentially.

**Primary Concerns:**

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_

Effect of any/all of these on your daily life:

\_\_\_\_\_  
\_\_\_\_\_

**Health History:**

Primary Care Physician \_\_\_\_\_ Last Seen \_\_\_\_\_

Western Diagnosis(es) \_\_\_\_\_

Please List All Medications (including OTC) you are taking (attach separate sheet if needed)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_

Are you satisfied with your medications (explain)?

\_\_\_\_\_  
\_\_\_\_\_

Please list & date any hospitalizations, surgeries, major medical events or trauma you've had:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mark an "X" on the following diagram to indicate any areas where you have pain, soreness, or other discomfort, indicating the type of discomfort nearby:

- S Sharp/Stabbing
- D Dull/Aching
- P Pins/Needles
- N Numbness
- W Weakness

Front

Back

