



Unity Acupuncture & Herbal Medicine

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SKIN REJUVENATION HEALTH FORM

Please take the time to fill out this questionnaire carefully. The information you provide will assist us in formulating a complete health profile for you. All your answers are absolutely confidential. If you have any questions, please ask.

Name: _____ **Date:** _____
(first) (middle) (last)

Date of Birth: _____ **Gender:** _____ **Age:** _____ **Weight:** _____ **Height:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Best Phone: _____ **Other Phone (please specify):** _____

E-Mail: _____

Marital Status: Single Married Partner/Live-In In a Relationship Separated Divorced Widower

Physician: _____ **Phone:** _____

In Emergency Notify: _____ **Phone:** _____

How did you hear about Unity Acupuncture and Herbal Medicine? _____

Referred by: _____ **Your Occupation:** _____

How would you describe your skin (check any that apply)? Dry Oily Sensitive Acne-prone _____

Western skin diagnosis, if any: _____

When did you first notice symptoms? _____

Describe skin concerns, if any: _____

What makes your skin better? _____

What makes your skin worse? _____

Do you have any skin allergies (please list)? _____

Is there anything I should know about your health in general? _____

I give my consent to receive care & I agree to provide at least 24 hours notice of cancellation. Otherwise, I will be billed for half the

price of the appointment time (signature): _____ **Date:** _____