

**New Patient Information for Acupuncture Smoking Cessation Program**

Name \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Work Duties: \_\_\_\_\_  
 Exercise routine/hobbies: \_\_\_\_\_  
 Marital Status: S M D W Name of Spouse \_\_\_\_\_ Number of children \_\_\_\_\_  
 Emergency Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Smoking Questions:**

What are 3 reasons why you want to quit smoking?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

What is your goal?  Quit completely  Reduce # smoked

How long have you been smoking? \_\_\_\_\_ How many a day? \_\_\_\_\_

Anyone else in your household smoke?  No  Yes: \_\_\_\_\_

Who is your support person during this time that you are quitting? \_\_\_\_\_

Previous treatments/methods to stop smoking? \_\_\_\_\_

Results: \_\_\_\_\_

If you've quit before, what's the longest it lasted? \_\_\_\_\_

Reason for relapse: \_\_\_\_\_

What's your typical day look like for where and when you smoke each cigarette?  
 \_\_\_\_\_

Do you have any cigarettes with you or in your car?  Y  N If yes, please proceed to throwing them away before your treatment begins.

Are you willing to get rid of all your smoking supplies today?  Y  N

Have you read through our entire smoking program guidelines?  Y  N

Are you willing to follow them exactly for 2 weeks?  Y  N

**Health Questions:**

Do you have a tendency to bleed easily?  Y  N

Have you tested positive for Hepatitis A, B, C, HIV or any other disease with high transfer risk through blood?  N  Yes: \_\_\_\_\_

Females: Is there any possibility that you are pregnant?  Y  N

Do you have a pacemaker?  Y  N

Please list any health condition we should be aware of: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dr. Nygren Exam**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ B/P: \_\_\_\_\_ Pulse: \_\_\_\_\_ Oxygen: \_\_\_\_\_

Heart: Rhythm  IPP  WNL Lungs: Observation  IPP  WNL Nails:  Clubbed  WNL

