

# IN SUNG ACUPUNCTURE

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Date :    /    /   

1. Name: \_\_\_\_\_ 2. Sex: M \_\_\_\_\_ F \_\_\_\_\_

3. Date of Birth:    /    /    4. If female, are you pregnant? \_\_\_\_\_

5. SS#: \_\_\_\_\_ 6. Marital Status: \_\_\_\_\_

7. Tel: \_\_\_\_\_

8. Address: \_\_\_\_\_

9. Employer's Name: \_\_\_\_\_

10. Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

11. Insurance: Health \_\_\_\_\_ HMO \_\_\_\_\_ Medical \_\_\_\_\_ Group \_\_\_\_\_ Auto \_\_\_\_\_ W.C \_\_\_\_\_

Insurance Name: \_\_\_\_\_

12. Medical History:

13. Taking Medications:

14. Chief Complaints:

Acupuncture Tx:

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Guardian