



Return Visit Intake Form

****Please complete the top half of this form before each visit****

Community Clinic - Campus Health Services

Personal Information

Name: _____ PID#: _____ Date: _____

Please describe the main concern you're coming in for today:

Since your last visit, condition is:

Improving () Unchanged () Worsened () Incident Aggravated Condition ()

Symptom Intensity: Absent 0 1 2 3 4 5 6 7 8 9 10 Severe

Please note any significant changes to symptoms, such as location, aggravating or alleviating factors, quality of pain, etc.:

Please note any new symptoms or changes to current medications:

*****For Practitioner Use Only*****

Practitioner: _____ Time needles inserted: _____

Subj/Obj Notes:

Tongue:

Pulse:

Treatment:

Tx Plan for next visit:

Herbs:



CAMPUS HEALTH SERVICES

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Acknowledgement and Agreement for Payment / Acupuncture Services

By signing this agreement, I acknowledge

1. Acupuncture services provided at UNC Campus Health Services carry a \$50.00 charge per visit and
2. These services will not be billed to any insurance carrier and
3. I will be financially responsible for the entire cost of the service; it will be billed to a student's university account or invoiced to private patients.

I have read and understand the above and agree to pay all charges for treatment(s) or diagnostic procedure(s) to Campus Health Services.

Date

Signature of Patient

PID #

Printed Name of Patient

Signature of Parent/Guarantor

**** PARENT/GUARANTOR INFORMATION AND SIGNATURE REQUIRED FOR PATIENTS UNDER AGE 18****

Name (Print): _____ Relationship to Patient: _____

Address: _____

Phone: _____ Date of Birth: _____