

WEI LI ACUPUNCTURE, INC

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(503) 254-8218

Online Consultation Patient Intake Form

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (*Home*): _____ Phone (*Mobile*): _____

Email: _____

Please briefly describe the reason for your consultation: _____

Please list all of your medical conditions: _____

Please list all of your allergies: _____

Please list all of your medications: _____

Please scan and email this completed form to patient_forms@weiliacupuncture.com or mail this completed form to Wei Li Acupuncture, 10303 NE Weidler St, Portland, OR 97220. Thank you very much!