



3145 Virginia Beach Blvd. Suite 210 Virginia Beach, VA 23452 | ph: 757-431-0053 | email: info@lahhc.com

Free 15 minute CONSULTATION

Please print clearly:

Name: _____ Date: _____

Address: _____ Apt. #: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

REFERRED BY: _____

Date of Birth: _____ Age: _____ Sex: M/F Height: _____ Weight: _____

CURRENT HEALTH CONCERNS:

Chief complaint (reason you are here): _____

Are you currently under the care of a physician/ other health care professional?
(If yes, please give name and date of last visit):

What are your questions using a holistic approach concerning your chief complaint?

Current medications/drugs being taken: _____

Nutritional supplements you are taking: _____

If you would like to schedule either an Acupuncture Initial or a Nutritional Response Testing Initial, please ask the front desk after your 15 minute consult to schedule one. Be sure to pick up paperwork as well.

This is not an initial appointment; this is just a free 15 minute consultation.