

**Maggie Zadikov LAc, MAcOM, MA (Ed)**  
**2501 SE Madison St.**  
**Portland, OR 97214**  
**503.234.3219**  
www.MaggieZadikov.com

**Patient Information** (please print):

**Date:** \_\_\_\_\_

Patient Name: \_\_\_\_\_  
Last First MI

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

email: \_\_\_\_\_ Home ph.: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer name: \_\_\_\_\_ Wk. tel.: \_\_\_\_\_

Referred by: \_\_\_\_\_

**Main Health Issue/s:**

- 1.
- 2.
- 3.

How long ago did this problem begin?

To what extent does this problem interfere with your daily activities (work, sleep, sex)?

Have you been given a diagnosis for this problem? If so, what?  
Which kinds of treatment have you tried?

**Accident Information (if applicable):**

Date of accident/injury: \_\_\_\_\_ Location of accident: Home \_\_\_ Work \_\_\_ Car \_\_\_

If work related, who was your employer at the time of accident? \_\_\_\_\_

**Wellness Information:** please answer Mostly, Sometimes, Rarely

Do you enjoy: your life? \_\_\_ your work? \_\_\_ your relationship/s? \_\_\_

Balance of work and play? \_\_\_ Good support circle? \_\_\_ Take time for you? \_\_\_

Take vacation time? \_\_\_

Do you relax with: \_\_\_ meditation \_\_\_ yoga \_\_\_ t'ai chi \_\_\_ qi gong \_\_\_ naps \_\_\_ other \_\_\_\_\_