

ACUPUNCTURE and TCM - INITIAL INTAKE FORM

Full Name:

What are your health goals or concerns, in order of importance to you?

1.

2.

3.

4.

MEDICAL HISTORY

If you are female, are you currently pregnant? YES NO (Please check box)

Do you have any allergies (medicines, environmental, etc.)?

Please list all current medications (Prescription, over-the-counter, vitamins, herbs, homeopathic, etc.)

Do you frequently use any of the following (circle): Aspirin/Laxatives/Antacids/Diet pills/Alcohol/Caffeine/Recreational Drugs. Birth Control: Pills/Implants/Injections

Please list all Hospitalizations, Surgeries, Scars, X-rays, CAT Scan, MRI, etc.:

ENVIRONMENT

Occupation:

Are you exposed to significant tobacco smoke (work, home etc.) YES NO

Are you frequently exposed to animals (work, pets, etc.) YES NO

INFORMED CONSENT AND PRIVACY POLICY

Acupuncture and Traditional Chinese Medicine (TCM) are the treatment and prevention of disease with the use of natural tools. Acupuncture and TCM assess and treat the whole person using gentle and non-invasive techniques that stimulate the body's inherent ability to heal. A number of different treatment modalities can be used to target aspects of mental, physical, emotional and spiritual wellbeing. Treatment modalities can include acupuncture, acupressure, cupping therapy, guasha, moxibustion, TDP (heat lamp), electro-acupuncture, auricular acupuncture, dietary modification, lifestyle counseling, nutritional supplementation, Botanical Medicine, Chinese herbs, and hydrotherapy.

Your first visit will involve a thorough case history, a complaint-oriented physical exam and a treatment session. At times, even the gentlest therapies can cause complications in very sensitive individuals. **Some therapies should be used cautiously in those with diseases or conditions involving the heart, liver, or kidneys, those taking medications, and those preparing for pregnancy or lactation.** It is of utmost importance that you inform your Doctor as soon as possible if you should have one of these cautions.

I understand that my Doctor will answer my questions and give me treatment and advice to the best of her ability. I understand that results are not guaranteed, and I do not expect the doctor to anticipate all risks and complications of treatment. With this knowledge, I voluntarily consent to diagnostic and therapeutic procedures mentioned above.

Health risks associated with Acupuncture and TCM include, but are not limited to:

- Aggravation of pre-existing symptoms during the healing process.
- Allergic reactions to supplements or herbs.
- Pain, local bruising or minor bleeding from acupuncture needles.
- Fainting or puncturing of an organ with acupuncture needles.
- Redness or blistering from cupping, TDP (heat lamp) or moxibustion.

The Doctor may prescribe supplements that can be purchased at the clinic or at other local options i.e. health food stores. Most insurance companies do not cover the supplements that we prescribe and dispense. I understand that fees and supplements are to be paid for at the time of consultation. As the patient, I am responsible for the local charges incurred for each visit.

I understand that a fee equivalent to half the treatment price will be charged for any missed appointments or cancellations with less than 24 hours notice.

Signature:

Date:

YYYY-MM-DD