

Date:

Acupuncture New Patient Intake Form

Name (Last, First):

Phone:

Address:

Email Address:

Occupation:

Emergency Contact:

(name & Phone)

Referred by:

(circle one) Have you ever had acupuncture: YES NO

Are you currently under the care of a physician? If so, who, and for what condition(s)?

Main reason(s) for seeking treatment?

How long have you experienced symptoms?

List all current medications, prescribed or otherwise, including vitamins & supplements:

Medical History

Date of Birth

Age

Do you have high blood pressure or are you on blood pressure medications? YES NO

Irritability or low energy between meals?

How many meals per day?

How many snacks per day?

Gastrointestinal

- Diarrhea
- Hemorrhoids
- Laxative
- Mucous stool
- Intestinal pain/cramping
- Irritable bowel syndrome
- Gout
- Constipation
- Anal itching/ burning
- Bloody stool
- Anal fissures
- Incomplete evacuation
- Colitis
- Gallstones

Head/Ears/Nose/Throat

- Dry Eyes
- Eye strain
- Blurred Vision
- Cataracts
- Bleeding gums
- Sores on mouth or tongue
- Excess Saliva
- Post Nasal Drip
- Difficulty swallowing
- Headaches
- Tinnitus/Ringing
- Nosebleed
- Spots/Flowery Vision
- Poor Vision
- Night Blindness
- Macular Degeneration
- TMJ
- Dry Mouth
- Sinus Problems
- Swollen Glands
- Sore Throat
- Earaches
- Deafness
-

Cardiovascular/ Respiratory

- Heart Palpitations
- Difficulty Breathing
- Varicose Veins
- Swollen ankles
- Shortness of Breath
- Dry Cough
- Chest tightness
- Difficult exhalation
- Chest Pain
- High Cholesterol
- Blood clots
- Heart valve abnormality
- Cold Hands/Feet
- Wheezing
- Difficult inhalation
- Productive cough (color of Phlegm)

Skin

- Eczema
- Pimples/acne
- Brittle Nails
- Hair Loss
- Rashes/hives
- Psoriasis
- Fungal Infections
- Dandruff

Muscular skeletal

- Spinal Pain
- Joint Pain

- Tendonitis
- Arthritis
- Vertebral disc degeneration
- Numbness

- Swelling
- Limited range of motion
- Osteoporosis
- Carpal tunnel

Neuropsychological

- Anxiety
- Insomnia
- Easily stressed
- Seasonal mood disorder
- Tremors
- Job stress
- Death of someone close

- Irritability
- Depression
- Poor memory
- Tics
- Currently in psychotherapy
- Recent divorce
- Financial setback

Genito-urinary

- Frequent urination
- Incomplete urination / retention
- Burning urination
- Wake frequently to urinate
- Bedwetting
- Impotency

- Loss of urine when laughing or sneezing
- Dribbling
- Blood in urine
- Kidney stones
- Decreased libido / sexual desire
- Infertility

Men only

- Prostate problems
- Erectile dysfunction
- Herpes

Women only

Age menses began _____
 Age menses ended (if applicable) _____
 Date of last ob/gyn exam? _____

Hysterectomy? partial full
 hormone replacement therapy

Headaches before menstrual cycle during cycle after cycle

- Abortion(s) _____
- Miscarriage _____
- Live births _____
- Birth control pills
- Fibroids
- Vaginal discharge
- Vaginal sores
- Human Papilloma Virus positive
- Breast cancer
- Pain at ovulation
- Acne associated with period

- Ovarian cysts
- Candida / yeast
- Vaginal odor
- Herpes
- STD history (chlamydia, PID, etc)
- Fibrocystic breast
- Cramps / low back pain

Informed Consent

Please take time to read this form, which will provide you with some basic knowledge about acupuncture treatment. While receiving acupuncture treatment, please feel free to communicate with your practitioner what you experience during the needling process, as this will enable the practitioner to adjust the needles and the points selected to maximize your comfort during the treatment. If you experience dizziness, nausea, a colds sweat, shortness of breath, or faintness during treatment, please let the practitioner know immediately. This is known as needle shock, and while its occurrence is rare, it helps to let the practitioner know if you experience any of these symptoms so that the needles can be removed. These symptoms go away immediately after the needles are withdrawn, and are generally caused by anxiety when receiving acupuncture for the first time. Other possible side effects of acupuncture treatment may include local bruising, mild pain in the area treated, brief generalized fatigue, tingling or numbness.

Other important things to keep in mind regarding acupuncture treatment:

- o While the needles are in place, do not change your position or move suddenly.
- o Wear comfortable, loose clothing.
- o Avoid treatment when excessively fatigued, hungry, full, or emotionally upset.
- o We are unable to treat patients who are intoxicated and/ or are abusing substances.

Everyone responds to treatment differently, therefore, we cannot guarantee the outcome of treatment. Some individuals experience total or partial relief of their pain or symptoms after the first few treatments. Others notice steady, gradual improvement. In some cases, no relief is felt at all until after several days go by. Occasionally, some people notice that their pain worsens before it gets better. Let us know how you respond to the previous treatment at the time of your follow-up treatments, so that your treatment plan can be adjusted accordingly. In addition, patients are responsible for seeking the advice and treatment of their physician should their symptoms change for the worse, or any new condition should arise.

Our Cancellation policy requires that you provide 24-hour notice to cancel your appointment. If less than 24 hour notice is given, you will be charged half your treatment cost at your next appointment.

By signing this informed consent form, you (the patient) acknowledge that you have read the information above carefully and are giving consent for treatment

Signature of patient

Date