Appointment Date

General Information

Name____
Address____
Married ☐ Single ☐ Partner ☐ Divorced ☐ Widowed ☐
Date of Birth________________ Mobile Phone___________________________
Email Address____________________________________ Occupation____________________
Emergency Contact & Phone Number____
Have you ever used acupuncture or traditional Chinese medicine? Yes No

Focus

What is your primary reason for seeking care at our office?
____

What was the initial cause? ____

When did it begin? ____

What makes it worse? ____

What makes it better? ____

How does this problem interfere with your daily activities?
☐ work ☐ standing ☐ sexually ☐ sleep ☐ walking ☐ sitting
☐ emotionally ☐ recreation ☐ bending ☐ socially ☐ relationships

What have you done about this? ____

Are you interested in: ☐ pain relief ☐ performance care ☐ maintenance care
☐ preventive care ☐ holistic health ☐ stress relief ☐ nutrition ☐ herbal therapy

What are your health goals? ____
____

List any past surgeries and when they took place:

____
____
____

List any significant trauma and when it occurred (ie. car accident, falls, emotional, sexual, etc.):

____
____

List exercise and sport activities you have been or are currently involved in:

____
____

Female Concerns

Date of last menstruation: _____________ Is your cycle regular? Yes No

Is your cycle painful? Yes No Have you ever been pregnant? Yes No

Birth Control? Yes No How long? ____________

□ PMS □ Clotting □ Vaginal sores □ Vaginal pain □ Discharge

Medical History

Do you have any allergies? Yes No If so, what?

____

Do you take any prescription medications? Yes No Please list ALL

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____

Do you take any supplements? Yes No Please list ALL

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____

Do you sleep well? Yes No Do you dream? Yes No

Do you have a high point during the day? Yes No When?

Do you have a low point during the day? Yes No When?

What are your indulgences? ____

What are your hobbies / interests? ____

Web of Wellness

Health and wellness is a balance of many things. Many factors affect our lives in various ways. These factors weave a web of health and well-being. For each of the factors listed, please circle your overall level of satisfaction. 1 = not happy 10 = extremely happy

Family Health 1 2 3 4 5 6 7 8 9 10
Social Health 1 2 3 4 5 6 7 8 9 10
Mental Health 1 2 3 4 5 6 7 8 9 10
Financial Health 1 2 3 4 5 6 7 8 9 10
Career Health 1 2 3 4 5 6 7 8 9 10
Sexual Health 1 2 3 4 5 6 7 8 9 10
Physical Health 1 2 3 4 5 6 7 8 9 10
Spiritual Health 1 2 3 4 5 6 7 8 9 10

Signs / Symptoms - Please check all symptoms that pertain to you at the current time

□ cough □ allergies □ asthma □ grief / sadness □ chills / fever □ sore throat
□ sinus congestion □ constipation □ stiff neck / shoulders □ difficulty breathing
□ frequent colds □ skin rashes □ spontaneous sweating □ shortness of breath

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□ palpitations □ anxiety □ anemia □ dream-disturbed sleep □ poor memory □ fatigue
□ heart problems □ tongue ulcers □ restlessness □ insomnia □ easily startled
□ hot flashes □ speech problems □ chest pain

□ anger / irritability □ depression □ brittle nails □ vision problems □ joint pain
□ headaches □ muscle tension □ menstrual issues □ tinnitus □ muscle spasms
□ dizziness □ spots on eyes □ numbness / tingling

□ infertility □ dental problems □ hair loss □ impotence □ adrenal weakness
□ hearing problems □ incontinence □ fear □ urinary problems □ weak / brittle bones
□ cold hands / feet □ low back pain □ night sweats □ hot flashes □ aversion to cold

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□ edema □ digestive problems □ fatigue □ diarrhea □ acid reflux □ mental fogginess
□ organ prolapse (previously diagnosed) □ poor appetite □ loose stools □ bloating
□ petechiae / bruising □ heavy limbs □ bad breath □ hemorrhoids □ worry □ nausea

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□ low sex drive □ normal sex drive □ high sex drive

Urine is: □ normal color □ dark yellow □ cloudy □ clear □ reddish □ scanty □ painful
□ odorous □ burning sensation □ difficult □ painful □ urgent

Terms of Acceptance

Acupuncture is an effective form of health care that has evolved into a complete and holistic medical system. Acupuncturists and practitioners of Traditional Chinese Medicine (TCM) use this non-invasive medical system to help millions of people get well and stay healthy.

When a patient seeks acupuncture care and is accepted as a patient for such care, it is essential for both patient and acupuncturist to be working toward the same objectives in order to prevent any confusion or disappointment.

The main objective of acupuncture is to determine where there are imbalances in the body as they relate to TCM. When the flow of qi (the vital energy that flows throughout the body) is disrupted, illness and disease may occur. An imbalance in any of the 14 main meridian channels causes an alteration in the flow of qi through the body. This can result in a lessening of the body's innate ability to heal itself and express maximum health potential.

Once imbalances are detected, various treatment modalities may be employed to correct these imbalances. Any health conditions(s) or disease(s) presented by the patient will be treated according to TCM only and treatment will relate only to the quantity, quality and balance of qi.

The ONLY practice objective is to detect and correct imbalances within meridian channels using acupuncture and TCM techniques.

Patients will be advised if a non-acupuncture related or otherwise unusual finding is encountered during the course of an acupuncture examination. If advice, diagnosis or treatment of those findings is desired, patients will be referred to a qualified health care professional.

Before leaving today, you will be provided with an estimated treatment plan. As each patient is treated differently, according to their TCM diagnosis, these treatment plans are customized and no two will be the same.

I, ____ have read and fully understand the above statements. Therefore, I accept acupuncture care under these terms.

____ ________________

Signature Date