ACUPUNCTURE for the PEOPLE

HEALTH HISTORY

Date: ____ / ____ / _____

Name:	Gender:	Age:

Address:	City:	State:	Zip Code:

Phone #1: Home Cell Other	Phone #2: Work Cell Other	Email:

Date of Birth:	Emergency Contact: *(name & relationship)*	Phone #:

Height:	Weight:	Relationship Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Living w/partner ☐ Other :_____

Occupation:	Employer:

How did you hear of our clinic?: ☐ Word of Mouth ☐ Internet ☐ Yellow Pages ☐ Craigslist ☐ Flyer ☐ Walk / Drive by ☐ Print Ad ☐ Other :_____	Referred by:

Physician: Phone #:	Have you been treated by Acupuncture or Oriental Medicine Before? ☐ No ☐ Yes _____/_____/_____

MAIN COMPLAINTS

Please write in your top 3 health complaints / concerns in order of importance to you. Circle the items that make it better or worse and mark on the scale from 1-10 the severity of the condition (1=no symptoms, 10=worst ever)

1 _____

When did this start? _____ago
Heat makes it: better no change worse
Cold makes it: better no change worse
Damp weather: better no change worse
Exercise / Activity: better no change worse

1 ——————— 10

2 _____

When did this start? _____ago
Heat makes it: better no change worse
Cold makes it: better no change worse
Damp weather: better no change worse
Exercise / Activity: better no change worse

1 ——————— 10

3 _____

When did this start? _____ago
Heat makes it: better no change worse
Cold makes it: better no change worse
Damp weather: better no change worse
Exercise / Activity: better no change worse

1 ——————— 10

HEALTH HISTORY

Circle the 🧍 if you have / had the condition and note the year it started.
Circle the 👪 if there is a family history of the condition.

	YOU	Year	FAMILY
Cancer *type(s)?* _____	🧍	_____	👪
Diabetes	🧍	_____	👪
Hepatitis	🧍	_____	👪
High Blood Pressure	🧍	_____	👪
Heart Disease	🧍	_____	👪
Stroke	🧍	_____	👪
Seizure Disorder	🧍	_____	👪
Thyroid Disease	🧍	_____	👪
Asthma	🧍	_____	👪
Pacemaker	🧍	_____	👪
Osteoporosis	🧍	_____	👪
Herpes	🧍	_____	👪
AIDS / HIV	🧍	_____	👪
Other STD	🧍	_____	👪
Rheumatic Fever	🧍	_____	👪
Alcoholism	🧍	_____	👪
Allergies *type(s)?* _____	🧍	_____	👪
Mental Illness	🧍	_____	👪
Kidney Disease	🧍	_____	👪
Anemia	🧍	_____	👪

HABITS

	Amount / Week	If Quit, Year?
Coffee / Tea	_____	_____
Soda	_____	_____
Tobacco	_____	_____
Alcohol	_____	_____
Drugs	_____	_____

EXERCISE

Do you exercise regularly? ☐ Yes ☐ No
If so, what and how often:

_____
_____
_____

DIET

Do you have a special diet now or in the past? (vegetarian, vegan, raw, paleo, etc.)
Describe w/ dates:

MEDICATIONS

Please note what medications, herbs or supplements that you take regularly

_____
_____
_____

INJURIES & SURGERIES

Please note what happened to what body area and when it occurred (incl. dental)

_____
_____
_____

ACUPUNCTURE for the PEOPLE

HEALTH HISTORY

Please check any boxes for symptoms you've had in the past month

TEMPERATURE

- ☐ Cold hands or feet
- ☐ Chills
- ☐ Cold "in the bones"
- ☐ Areas of numbness

Thirst for cold / hot drinks

- ☐ Thirst, no desire to drink
- ☐ Absence of thirst
- ☐ Excessive thirst

- ☐ Night sweats
- ☐ Unusual sweats

When_____am / pm

Where on body_____

- ☐ Hot hands, feet, chest
- ☐ Hot flashes
- ☐ Hot in afternoon
- ☐ Hot at night

MOISTURE

- ☐ Dry skin
- ☐ Dry hair
- ☐ Dry eyes
- ☐ Dry brittle nails

- ☐ Dry mouth
- ☐ Dry lips
- ☐ Dry throat
- ☐ Dry nose / Nosebleeds

Where on your body?:

- ☐ Edema / Swelling _____
- ☐ Rashes _____
- ☐ Itching _____
- ☐ Dandruff

- ☐ Oily skin
- ☐ Oily hair
- ☐ Pimples
- ☐ Weight gain / loss

DIGESTION

BM: How often? _____x / every _____days

Stools keep shape? ☐ Y ☐ N

- ☐ Alternating diarrhea & constipation (IBS)
- ☐ Indigestion

- ☐ Gas
- ☐ Bloating
- ☐ Belching
- ☐ Poor appetite

- ☐ Nausea / Vomiting
- ☐ Bad breath
- ☐ Heartburn
- ☐ Excessive hunger

- ☐ Dry Stools
- ☐ Difficult to pass
- ☐ Tired after BM
- ☐ Foul smelling stools

ENERGY

- ☐ Sudden energy drop

Time of day: _____ am / pm

- ☐ Energy drop after eating
- ☐ Fatigue

- ☐ Dependence on caffeine / stimulants
- ☐ Wired / ungrounded feeling
- ☐ Body / Limbs feel heavy
- ☐ Body / Limbs feel weak

- ☐ Shortness of breath
- ☐ Heart Palpitations
- ☐ Blood pressure High / Low
- ☐ Bleed / Bruise easy

- ☐ Hard to concentrate
- ☐ Poor memory
- ☐ Dizziness / lightheaded
- ☐ Headaches _____x / week

SLEEP

hours per night _____

- ☐ Difficulty falling asleep
- ☐ Wake ___x/ night @_____am / pm
- ☐ Wake to urinate *How often?*_____
- ☐ Disturbing dreams
- ☐ Restless sleep
- ☐ Not rested upon waking

EMOTIONS

What emotion(s) dominate your experience?

- ☐ Anger
- ☐ Irritability
- ☐ Anxiety
- ☐ Worry
- ☐ Obsessive thinking
- ☐ Sadness

- ☐ Grief
- ☐ Depression
- ☐ Joy
- ☐ Fear
- ☐ Timid / shy
- ☐ Indecision

EYES, EARS NOSE THROAT

- ☐ Poor vision
- ☐ Night blindness
- ☐ Red eyes
- ☐ Itchy eyes
- ☐ Spots in front of eyes
- ☐ Sinus congestion
- ☐ Phlegm (*color*_____)

- ☐ Poor hearing
- ☐ Ringing in ears
- ☐ Excess earwax
- ☐ Sore throat
- ☐ Dental problems
- ☐ Mouth sores
- ☐ Cough

URINARY

Fluid in = fluid out? ☐ Y ☐ N

- ☐ Decrease in flow
- ☐ Dribbling
- ☐ Difficulty starting / stopping
- ☐ Incontinence
- ☐ Kidney stones

- ☐ Urgency to urinate
- ☐ Frequent urination
- ☐ Pain on urination
- ☐ Burning sensation
- ☐ Cloudy urine
- ☐ Blood in urine

REPRODUCTIVE

Are you sexually active? ☐ Y ☐ N

- ☐ Change of sexual drive: ⇧ ⇩
- ☐ Sores on genitals
- ☐ Discharge
- ☐ Genital Pain
- ☐ Hemorrhoids

- ☐ Hernia
- ☐ Prostate disease
- ☐ Jock Itch
- ☐ Erectile dysfunction
- ☐ Premature ejaculation
- ☐ Vasectomy

MENSES

Age at first menses: _____

Length of full cycle: _____ days

Length of menses: ____ days

Last menses start date: ____ / ____

# of pregnancies: ____

# of births: ____ premature ____

# of abortions / miscarriages: ____

- ☐ Heavy periods
- ☐ Light periods
- ☐ Painful periods
- ☐ Irregular periods
- ☐ Changes in body/psyche prior to menstruation (PMS)

- ☐ Cramps
  - ☐ Before bleeding
  - ☐ First day
  - ☐ During period
- ☐ Clots
- ☐ Breast tenderness

- ☐ Mood changes
- ☐ Fatigue w/ menses
- ☐ Digestive changes w/ menses
- ☐ Midcycle spotting
- ☐ Yeast infections
- ☐ Birth control pill (hormonal)

MENOPAUSE

Age at last menses : _____

Year changes began: _____

- ☐ Hot flashes _____x / day
- ☐ Night sweats _____x / week
- ☐ Vaginal dryness
- ☐ Loss of sex drive

ACUPUNCTURE for the PEOPLE

Consent for Treatment
by Traditional Chinese Medicine

I, the undersigned hereby authorize the licensed Acupuncturists (L.Ac,) of *ACUPUNCTURE for the PEOPLE, LLC* to perform Chinese Medicine treatment methods which may include acupuncture, moxibustion, cupping, Gua Sha, bleeding, herbal therapy, dietary and lifestyle advice.

POTENTIAL BENEFITS: Relief of presenting symptoms, improved health and wellbeing, reduced stress and an overall balance of bodily energies which may lead to prevention or elimination of your main complaint(s).

POTENTIAL RISKS: ***Acupuncture –*** Although uncommon, there is a potential for acupuncture to cause temporary bruising, swelling, bleeding, numbness, tingling, and soreness at the needle site that may last a few days. Unusual risks of acupuncture include dizziness, fainting, nerve damage or possibly the aggravation of symptoms existing prior to treatment. Infection is a slight possibility even though our clinic uses only sterile disposable needles and maintains a clean and safe environment. ***Moxibustion –*** Burning of moxa (a Chinese herb – Mugwort) on or near the body has the potential risk of burns, blistering or scarring. ***Cupping and Gua Sha*** – may cause temporary bruising or redness lasting a few days. ***Herbal Medicine –*** Some possible side effects of herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives and tingling of the tongue. I understand that I must stop taking any herbs and notify my acupuncturist as soon as I experience any discomfort or adverse reactions. Large doses taken without my practitioner's approval may be toxic and some herbs may be inappropriate during pregnancy.

PREGNANCY: Acupuncture can be very beneficial in the treatment of symptoms during pregnancy, assisting in the birthing process and postpartum. I will notify my acupuncturist should I become pregnant or if I am in the process of trying to get pregnant so that my practitioner can avoid points or herbs that could induce premature labor or miscarriage.

CANCELATION POLICY: I recognize that scheduling an appointment involves the reservation of time specifically for me and I agree to give at least 24 hours notice to cancel or reschedule an appointment. A **No-Show Fee of $15** will be charged for sessions missed without 24 hours notice. If you have prepaid visits the fee will be deducted from your package. We set aside only 10 minutes for return visits; late arrivals may not receive treatment. Missed appointments impact our operations and may prevent another client from getting the acupuncture they need.

PRIVACY: Since several people are being treated in the same room at once it is vital that we work together to respect your privacy and the privacy of others. Let us know if there are certain topics that need extra discretion or if you prefer to do your intake in a more private setting. If you happen to overhear someone else's private information, please keep it to yourself, you'd want others to do the same for you.

With this knowledge, I voluntarily consent to the above procedures and policies, realizing that there is no implied or stated guarantee of success or effectiveness of a specific treatment or series of treatments regarding the cure or improvement of my conditions. I hereby release ACUPUNCTURE for the PEOPLE, LLC *and its practitioners from any and all liability which may occur in connection with the above mentioned procedures, except for failure to perform the procedures with appropriate medical care. I understand that I am free to withdraw my consent and to discontinue participating in these procedures at any time.*

_____ _____

Print Name

Signature of Client or Person Authorized to Consent

Date

Please Initial Each Box

Appointment Agreement

- ☐ **I will give at least 24 hours notice if I need to change or cancel my appointment.**
- ☐ **I understand that there is a $15 No Show Fee for late cancellations, missed appointments, last minute changes & late arrivals.**
- ☐ **I will arrive early enough for my appointment to be ready in a recliner at the scheduled time.**
- ☐ **I realize that if I arrive more than 5 minutes late I may not be treated and owe a No Show Fee.**

Please…

- Try to arrive a few minutes early to relax, check in, have some water or visit the restroom; plan to be ready in a recliner at your scheduled time.
- Fill out any necessary paperwork and bring it with you to your appointment. (You may arrive 20 minutes early to fill them out at the office)
- Make sure to have something to eat 1 to 2 hours before your appointment (don't arrive on an empty stomach).
- Wear loose, comfortable clothing that can be pulled up above the knees and elbows. Wear a tanktop if your acupuncturist needs access to your neck or shoulders.
- If you brush your tongue or usually wear make-up, try to skip it the day of your treatment to allow for a more realistic assessment. And please no oils or perfumes.
- Avoid coffee, alcohol, sugar, and greasy foods before your treatments.
- Silence your cell phone or pager while you are at the clinic
- Talk in a soft voice to maintain a relaxing atmosphere and not disturb other clients.
- Respect the privacy of other clients – if you happen to overhear someone else's private information, please keep it to yourself – you'd want others to do the same for you.
- Let us know if you need to be somewhere after your treatment so we can make sure that you're out on time.

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Thank You…
for supporting
Community
Acupuncture

About Your Acupuncture Treatment

Your first visit will last about 1½ to 2 hours (return visits are only an hour long). We'll begin by asking about your health history and current condition. Next, you'll be asked to stick out your tongue and we'll 'listen' to the pulses of both wrists. While the acupuncturist develops a diagnosis and treatment plan you can remove your shoes and roll up your pants while reclining in a comfy chair.

The treatment is simple and only takes a few minutes. We only use sterile, disposable needles that are super thin (like a cat's whisker). They come inside a small plastic tube that we place on the acupuncture point and then tap the needle in place. As we guide it to the right spot, the energy in your body will gather at the point. You may feel a dull ache, a warm tingling sensation, or electrical impulses that travel up or down the body. This means that the point is being activated and is not only normal, but expected.

Your comfort is important to us, so please communicate what you're experiencing. Pain is not a part of the therapeutic response so if you feel a sharp or poking sensation let us know. It's common during insertion to feel very slight prick that will subside quickly, but occasionally the needle will enter a hair follicle. This may feel like a pinch or a mosquito bite. In this rare case, the needle will be removed, and we'll try that point again later. Most sensations will subside quickly and you may even forget that the needles are there!

Once all the points are in, we'll make sure you're comfortable and warm enough before we leave you to rest and let the needles do their job. Try not to move with the needles in, just relax and take a nap if you like. After about 30-45 minutes you'll notice the relaxation coming to an end, your eyes want to stay open and you feel ready to get up. Just make eye contact and your acupuncturist will remove the needles.

Take your time getting up and composing yourself to re-enter the outside world. Some people feel rejuvenated & energized, others report a 'spacey, blissed out feeling' after acupuncture. It's not uncommon to feel tired after the treatment, so plan your day accordingly.

We'll discuss a treatment plan and schedule future appointments. Your first visit is a sliding scale of $30-55, and return treatments are $15-40. You decide what to pay. On the reception desk you'll find a little red envelope with your name on it. Put your payment in the envelope and drop it through the slot in the wooden box. We accept cash and checks. Be sure to let us know if you need change and make checks payable to *"Acupuncture for the People."* Credit & debit cards have a .50¢ fee.

If for any reason you need to cancel or reschedule an appointment, please give at least 24 hours notice or you will be charged a $15 fee for that appointment.