South Shore Community Acupuncture Initial Health History Intake

PATIENT INFORMATION	CONTACT INFORMATION
Legal Name_____	Home phone _____
Preferred Name/Nickname_____	Work phone _____
Gender/ID _____	Other/cell phone_____
Address_____	Email _____
City State Zip_____	
Age_____ Birth Date_____	Another person we may contact if needed:
Occupation _____	Name _____
Company name _____	Relationship_____
How did you hear about us? _____	Home phone _____
_____	Work phone_____

HEALTH HISTORY

What are your primary reasons for coming in for treatment?

1 _____

2 _____

3 _____

How is your sleep? _____

_____

How is your digestion? _____

_____

List medications or supplements you are taking.

_____

_____

List serious illnesses, accidents or surgeries.

_____

_____

Other concerns? _____

Check illnesses that have occurred in blood relatives.

□ Diabetes □ High blood pressure □ Stroke
□ Cancer □ Heart disease □ Kidney disease
□ Mental health:_____ Other:_____

Check symptoms you have or have had in the last year:

□ Anxiety or easily startled
□ Depression
□ Difficulty in focusing
□ Dizziness
□ Excessive worry
□ Excessive anger
□ Excessive fear
□ Fatigue/tiredness
□ Headaches
□ Loss or gain of weight
□ Nervousness/irritability
□ Overwhelmed by life

Check conditions you have or have had in the past:

□ AIDS/HIV □ Stroke
□ Allergies □ Other:_____
□ Anemia
□ Arthritis
□ Bleeding disorders
□ Breast lump
□ Cancer
□ Diabetes
□ Hepatitis A/B/C/other
□ Seizures

How long has it been since you have had a complete medical exam? _____

HEALTH HISTORY... (CONTINUED)

Check symptoms you have or have had in the last year:

MUSCLE/JOINT/BONES

- □ Tremors or Cramps
- □ Swollen joints

Pain, weakness, numbness in:

- □ Arms or Hips
- □ Back or Legs
- □ Feet
- □ Jaw
- □ Hands
- □ Shoulders or Neck
- □ Other_____

EYES/EAR/NOSE/THROAT/RESPIRATORY

- □ Asthma/wheezing
- □ Blurred or failing vision or floaters
- □ Difficulty breathing
- □ Earache
- □ Enlarged glands
- □ Eye pain
- □ Frequent colds
- □ Hay fever/allergies
- □ Hoarseness
- □ Gum trouble
- □ Nose bleeds
- □ Loss of hearing
- □ Persistent cough
- □ Ringing in ears
- □ Sinus problems
- □ Sore throat

SKIN

- □ Boils
- □ Bruise easily
- □ Dry skin
- □ Itching/rash
- □ Sensitive skin
- □ Sore won't heal
- □ Sweats

GENITO/URINARY

- □ Blood/pus in urine
- □ Frequent or night time urination
- □ Inability to control urine
- □ Kidney infection/stones
- □ Lowered libido
- □ Painful urination

CARDIOVASCULAR

- □ Chest pain
- □ Cold hands and feet
- □ Hardening of arteries
- □ High or low blood pressure
- □ Pain over heart
- □ Poor circulation
- □ Previous heart attack
- □ Rapid/irregular heart beat
- □ Swelling of ankles

GASTROINTESTINAL

- □ Belching, gas or bloating
- □ Colon trouble
- □ Constipation
- □ Diarrhea/Loose stool
- □ Difficulty swallowing
- □ Distention of abdomen
- □ Excessive hunger
- □ Excessive thirst
- □ Gall bladder trouble
- □ Hemorrhoids (piles)
- □ Indigestion
- □ Nausea
- □ Pain over stomach
- □ Poor appetite
- □ Rectal bleeding
- □ Vomiting

IF APPLICABLE:

- □ Bleeding between periods
- □ Births: _____
- □ Clots in menses
- □ Erection difficulties
- □ Excessive menstrual flow
- □ Extreme menstrual pain
- □ Hot flashes
- □ Irregular cycle
- □ Menopausal symptoms
- □ Penis discharge
- □ Prostate trouble
- □ PMS
- □ Previous miscarriage
- □ Scanty menstrual flow

Could you be pregnant?_____

South Shore Community Acupuncture Consent to Treatments

By signing below, I do hereby voluntarily consent to be treated with acupuncture, Asian bodywork, cupping and/or herbs from the Oriental Materia Medica by a licensed acupuncturist at South Shore Community Acupuncture. I understand that acupuncture is a safe method of treatment, but occasionally there may be some bruising or tingling near the needling sites that lasts a few days. In addition, some points may temporarily bleed after needles have been removed. I understand that if I opt for cupping therapy the cups may leave non-painful bruise marks where the cups were located.

I understand that acupuncturists practicing in the state of Massachusetts are not primary care providers and that regular primary care visits by a licensed physician are recommended by this clinic's practitioners. I understand that all information written in this intake form, information entered into my HIPAA-compliant electronic medical record and given verbally to my practitioner(s) will be kept confidential.

Signature_____ Date_____

South Shore Community Acupuncture Payment and Cancellation Policies

Fee for Treatment at South Shore Community Acupuncture

Initial Acupuncture Consultation and Treatment:	$50
Follow-up Acupuncture Treatment:	$30
Chinese Herbal Consultation:	$30 + cost of herbs (varies)
Initial Cupping Consultation and Session:	$50
Follow-up Cupping Session:	$30

We require 24 hours notice for any appointment cancellations. If you cancel your appointment with 24 hours notice, you will not be charged a fee. If you cancel your appointment with LESS THAN 24 HOURS NOTICE, you will be charged our Missed Appointment Fee (cost of acupuncture treatment) and will not be allowed to make any further appointments until this fee is paid.

Signature_____ Date_____

South Shore Community Acupuncture
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