

**Acupuncture Intake Form
Gayle Heath, N.D.**

Name _____ Date _____
 Date of Birth _____ Sex _____
 Address _____

 Telephone _____ Occupation _____

Emergency Contact

Name _____ Telephone _____
 Address _____

Please list your health concerns, in order of importance to you:

	Concern	Onset	Duration
1			
2			
3			
4			
5			

Medical History:

Past serious illness or injury: _____
 Past hospitalizations: _____
 Pacemaker or other internal medical devices: _____
 Past medications: _____
 Current medications: _____

Chinese Medical Intake:

This portion of the intake form asks unorthodox questions to determine where your balances or imbalances lie. These form a pattern from which your acupuncturist can determine which points to needle. Please answer N/A to any questions that do not inspire an obvious answer.

Body Temperature:

Do you have chills or fever? _____
 If so, when? _____
 Do you perspire more than others around you? _____
 Do you perspire at night? _____
 Do you perspire spontaneously? _____

Appetite & Thirst:

How is your appetite? _____

Any changes recently? _____
Weight gain or loss? _____
How is your thirst? _____
Do you prefer hot or cold drinks? _____
Any food craving? _____
Any unusual tastes in your mouth? _____

Excretion:

Do you tend towards constipation or diarrhea? _____
How often do you have a bowel movement? _____
How often do you urinate per day? _____
Is your urine scanty or profuse? _____
Is the colour of the urine clear, yellow, dark or cloudy? _____
Any pain or difficulty? _____
What is the consistency of your stool? _____
Any undigested food, mucous, or blood in the stool? _____

Sleep:

Do you sleep well? _____
How many hours? _____
Do you have trouble
 getting to sleep? _____
 staying asleep? _____
 Waking in the morning? _____
Any recurring dreams or nightmares? _____

Women – Menstrual cycle:

Is your period regular? _____
Number of days in cycle _____
Number of days of menstrual flow _____
Is your flow heavy or light? _____
What colour is it? _____
Any clots? _____
Any vaginal discharge? _____
If so, consistency, colour, odor and timing? _____
Are you pregnant or is there any chance you could be pregnant now? _____

Informed Consent to Acupuncture

Naturopathic Doctors use a variety of therapeutic approaches, including nutritional and lifestyle counseling, Asian medicine and acupuncture, botanical medicine, homeopathy, and physical medicine. Acupuncture refers to the insertion of sterilized needles through the skin into underlying tissues at specific points on the body's surface. Sometimes moxa, a herb, is burned over the point or heat lamps are used to magnify the results of acupuncture. Your Naturopathic Doctor will develop a case history and do any physical exam and laboratory tests as needed or you may be referred to your medical doctor for tests and exams.

Even mild therapies have their complications, especially in young children, and pregnant or lactating women. Caution must be used in certain conditions such as diabetes, heart, liver or kidney disease. It is very important that you inform your practitioner immediately if you know or suspect any disease or if you are pregnant, suspect pregnancy or if you are lactating.

There are risks, however rare, to treatment, including, but not limited to:

1. Aggravation of pre-existing symptoms
2. Allergic reaction to supplements or herbs
3. Pain, bruising, or injury from acupuncture
4. Fainting or puncturing of an organ with acupuncture needles
5. Accidental burning of skin from the use of moxa or heat lamp

This is to acknowledge that as a patient I have been informed and I understand that:

- A record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by myself or my representative or unless it is required by law. I understand that I may look at my record at anytime and can request a copy by paying the appropriate fee.
- Any questions I have will be answered by my Naturopathic Doctor to the best of her ability.
- Results are not guaranteed. I do not expect the Naturopathic Doctor to be able to anticipate and explain all risks and complications and I wish to rely on her to exercise judgement during the course of the procedure which she feels at the time is in my best interests, based upon the facts then known.
- Any treatment or advice provided to me by my Naturopathic Doctor is not mutually exclusive of any treatment or advice that I may now be receiving or may in the future receive from another licensed health care provider; which I agree to disclose to my Naturopathic Doctor.
- I am at liberty to seek or continue medical care from a physician or surgeon or other health care provider qualified to practice in Alberta
- My Naturopathic Doctor has not suggested or recommended to me to refrain from seeking or following the advice of another licensed health care provider
- The treatment and therapies rendered or recommended to me by my Naturopathic Doctor, may be different than those usually offered by a medical doctor or other licensed health care provider.

I have read the above information and with this knowledge, I voluntarily consent to the diagnostic and therapeutic procedures mentioned above except for: (please list exceptions) _____

I intend this consent to apply to all of my present and future naturopathic care. I understand that I am free to withdraw my consent and discontinue participation in these procedures at any time.

Name of Patient or Guardian: _____

Signature: _____ **Date:** _____

Naturopathic Doctor: Gayle Heath, N.D. License #1631

Signature: _____ **Date:** _____