

**Thicket N”Thorn Community Acupuncture Intake**

**General Information**

**Contact Information**

Date \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Marital Status \_\_\_\_\_

Date of Birth \_\_\_\_\_

Preferred Phone \_\_\_\_\_

Second Phone \_\_\_\_\_

Address \_\_\_\_\_

(street)

(city)

(state)

(zip)

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Emergency Contact \_\_\_\_\_

(name)

(relationship)

(phone #)

Primary Physician \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Height & Weight \_\_\_\_\_

Present health concerns & duration in order of personal significance (use back if necessary)

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Allergies \_\_\_\_\_

List drugs, herbs, &/or supplements currently using \_\_\_\_\_

Please describe, for example, pain — sharp or dull? Swelling? Hot? Cold?

Inflammation? Itching? Rash? Etc. \_\_\_\_\_

Describe your diet \_\_\_\_\_

Exercise routine, including intensity & frequency \_\_\_\_\_

Family Member	Age	Important Diseases/Illnesses	Deceased?
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**Personal History**

List Serious Illnesses, Accidents, Surgeries

How is your sleep? \_\_\_\_\_

How is your digestion? \_\_\_\_\_

**Check symptoms you’ve had this last year**

- Depression
- Difficulty in focusing
- Dizziness
- Easily startled
- Excessive worry
- Excessive anger

- Excessive fear
- Fatigue/tiredness
- Headaches
- Loss of sleep/poor sleep
- Loss or gain of weight
- Nervousness/irritability
- Overwhelmed by life

**Muscle/Joints/Bones**

- Tremors or Cramps
- Swollen joints

**Eyes/Ear/Nose/Throat**

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

**Gastrointestinal**

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

**Skin**

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

**Pain, weakness, numbness**

- Arms or Hips
- Back Legs
- Feet
- Neck
- Hands
- Shoulders
- Other \_\_\_\_\_

**Genitourinary**

- Urinary Tract Infection
- Blood/pus in urine
- Frequent urination
- Inability to control urine
- Kidney infection/stones
- Lowered libido

**Cardiovascular**

- Chest pain
- Hardening of arteries
- High or low blood pressure
- Pain over heart
- Poor circulation
- Previous heart attack
- Rapid/irregular heartbeat
- Swelling of ankles

**For Men Only**

- Erection difficulties
- Penis discharge
- Prostate trouble
- Trouble emptying bladder

**For Women Only**

- Bleeding between periods
- Clots in menses
- Excessive menstrual flow
- Extreme menstrual pain
- Irregular cycle
- Menopausal symptoms
- PMS
- Previous miscarriage
- Scanty menstrual flow

**Could you be pregnant?** \_\_\_\_\_

Anything else? \_\_\_\_\_

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

## **Acupuncture Informed Consent to Treat**

I hereby request and consent to acupuncture treatments and other procedures within the scope of the practice of acupuncture on me (or on the patient named below, for whom I am legally responsible) by all licensed acupuncturists at Thicket N'Thorn.

I understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping, gua sha (scraping the skin with a porcelain spoon or other tool), electrical stimulation, tuina (Chinese massage), pricking, and nutritional and exercise counseling.

I have been informed that acupuncture and the adjunct modalities are generally a safe method of treatment but may sometimes present complications, including areas of anesthesia, bleeding, fainting, weakness, nausea, hematoma, petechiae, or pain and discomfort near the treatment sites that may last a few days. Dizziness or fainting is a rare reaction that may occur, as well as aggravation of present symptoms.

Being hungry, tired, or stressed can make the body more sensitive to the acupuncture treatment. I assume my responsibility to inform the acupuncturist regarding any conditions that may inhibit blood clotting or weaken the skin, such as hemophilia, blood thinning medicinals, or estrogen usage.

I understand the need for caution when walking with bare feet in the treatment room.

I understand the clinical and administrative staff may review my patient records and lab reports but that all my records will be kept confidential and will not be released without my written consent.

I understand that some acupuncture points can initiate miscarriage and therefore agree to notify my acupuncturist regarding pregnancy as necessary.

I understand that no promises have been made to me as to the results of treatment.

I acknowledge that I have been examined by a physician in the last 6 months.

By signing below, I show that I have read, or have had read to me, this consent to treat document, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions.

I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment

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Print Name

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Guardian Signature (if applicable)

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Signature

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Date

## Notice of HIPAA Privacy Practice

The following notice describes how your protected health information (PHI) may be used and your rights regarding the use of health information. Please review this notice carefully.

All licensed acupuncturists at Thicket N'Thorn understand that your information is personal. We are committed to protecting your health information and maintaining confidentiality.

### You have the right to:

- \* Ask to see, read, and/or obtain a copy of your health record (charges may be necessary).
- \* Ask to correct information you believe is wrong in your health record.
- \* Ask that information not be shared with certain individuals.
- \* Ask that your information not be used for certain purposes; for example, research.
- \* Ask me to send copies of your health record to whomever you wish (charges may be necessary).
- \* Be informed about who has read your record (for reasons other than treatment, payment and practice improvements.)
- \* Specify where and how I may contact you.
- \* Request a paper copy of the full Notice of Privacy Practices.

### Written Authorization

To use or disclose PHI, you will need to sign a written authorization prior to access or disclosure. Refer to the "Notice of Privacy Practices" for a list of covered exceptions to the authorization requirement related to public policy, certain health disease reporting requirements and law enforcement activities:

<http://www.hhs.gov/hipaa/for-individuals> If you do not know or understand what you can do with PHI, please read "Notice of Privacy Practices" (<http://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>).

### Exceptions to the Rules

Under HIPAA, there are certain exceptions to these general rules. These exceptions are described in the "Notice of Privacy Practices." Disclosures can be made without patient authorization: subject to professional judgment, for public health and safety purposes, for government functions, law enforcement and based on a judicial request or subpoena.

If you believe your rights have not been maintained you may file a complaint. The procedures for filing a complaint can be found online here: <http://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>. You will not be penalized in any way for filing a complaint.

- \* I agree that I have read and understand "Notice of HIPPA Privacy Practices," PHI, and patient rights." I further understand that my signature does not authorize disclosure but only acknowledges that I know where to find more information regarding HIPPA law if I feel the need or desire to do so.
- \* I understand and acknowledge Thicket N'Thorn may occasionally place a reminder or follow-up call, and I agree to receive these calls. No PHI will be left on voicemail unless specifically requested in writing.

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_