

HEALTH HISTORY

Date:

Name: _____ sex: _____ age: _____

Address: _____ city _____ state _____ zip code _____

Phone: _____ Alternate phone # _____ email: _____

Date of Birth: _____ Emergency contact: _____

Relationship Status: single married living w/ partner separated divorced widowed

Occupation: _____ Employer: _____

How did you hear about our clinic/ Referred by: _____

Physician: _____ Physician phone#: _____

Have you been treated with Acupuncture or Chinese Herbal Medicine before? _____

MAIN COMPLAINTS

Please write in your top 1 to 3 health complaints/concerns in order of importance to you.

1 _____

When did this start? _____

Heat: (circle one)	makes better	makes worse	no change
Cold:	makes better	makes worse	no change
Damp weather:	makes better	makes worse	no change
Exercise/Activity	makes better	makes worse	no change

Level of discomfort/pain 1-----5-----10

2 _____

When did this start? _____

Heat: (circle one)	makes better	makes worse	no change
Cold:	makes better	makes worse	no change
Damp weather:	makes better	makes worse	no change
Exercise/Activity	makes better	makes worse	no change

Level of discomfort/pain 1-----5-----10

3

When did this start? _____

Heat: (circle one)	makes better	makes worse	no change
Cold:	makes better	makes worse	no change
Damp weather:	makes better	makes worse	no change
Exercise/Activity	makes better	makes worse	no change

Level of discomfort/pain 1-----5-----10

HEALTH HISTORY

Please circle and fill in all that apply

Cancer:	you	family	Year _____	Type(s) _____
Diabetes	you	family	Year _____	
Hepatitis	you	family	Year _____	
High Blood Pressure	you	family	Year _____	
Heart Disease	you	family	Year _____	
Stroke	you	family	Year _____	
Seizure Disorder	you	family	Year _____	
Thyroid Disease	you	family	Year _____	
Asthma	you	family	Year _____	
Pacemaker	you	family	Year _____	
Osteoporosis	you	family	Year _____	
Herpes	you	family	Year _____	
AIDS/HIV	you	family	Year _____	
Other STD	you	family	Year _____	Type(s) _____
Rheumatic Fever	you	family	Year _____	
Alcoholism	you	family	Year _____	
Allergies	you	family	Year _____	Type(s) _____
Mental Illness	you	family	Year _____	
Kidney Disease	you	family	Year _____	
Anemia	you	family	Year _____	

HABITS

Substance	Amount per week	If Quit, Year?
Coffee/Tea	-----	
Soda	-----	
Tobacco	-----	
Alcohol	-----	
Drugs	-----	

EXERCISE

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

MEDICATIONS & SUPPLEMENTS

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

MEDICATIONS & SUPPLEMENTS

Circle any of the following that you are taking or have taken in the past

Phenytoin (Dilantin)	taking now	took in the past
Warfarin (Coumadin)	taking now	took in the past
Digoxin/Digitoxin (Lanoxin)	taking now	took in the past
Lithium (Lithobid)	taking now	took in the past
Antidepressants (including Elavil)	taking now	took in the past
Statin Drugs	taking now	took in the past
Oral Contraceptive Pills	taking now	took in the past
Corticosteroids	taking now	took in the past
Beta blockers	taking now	took in the past

INJURIES & SURGERIES

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

DIET & NUTRITION

Please describe what you typically eat throughout each day

Breakfast _____

Lunch _____

Dinner _____

Snacks _____

Do you crave certain foods? Yes No

If yes, which foods/food types do you crave?

HEALTH HISTORY FOR WOMEN



TEMPERATURE

Please circle all that apply

Relative to other people, I seem to feel:

COLD

NEUTRAL

HOT

Cold hands/feet	Thirst for cold / hot drinks	Night sweats	Hot hands/feet/chest
Chills	Thirst, no desire to drink	Unusual sweats	Hot flashes
Cold "in the bones"	Absence of thirst		Hot in afternoon
Areas of numbness	Excessive thirst		Hot in at night

MOISTURE

Please circle all that apply

Dry skin	Dry mouth	Edema/swelling	Oily skin
Dry hair	Dry lips	Rashes	Oily hair
Dry eyes	Dry throat	Itching	Pimples
Dry brittle nails	Dry nose/bleeding	Dandruff	Weight gain/loss

DIGESTION

Please circle all that apply

BM: How often? ___x/every___ days	Gas	Nausea/Vomiting	Bloating
Stools keep shape? Y N	Dry Stools	Bad breath	Difficult to pass
Alternating diarrhea/constipation (IBS)	Belching	Heartburn	Tired after BM
Indigestion	Poor appetite	Excessive hunger	Foul smelling stools

ENERGY

Please circle all that apply

Sudden energy drop	Dependence on caffeine/stimulants	Short of breath	Poor memory
<i>Time of day: __am/pm</i>	Wired/ungrounded	Heart Palpitations	Dizzy/lightheaded
Energy drop after eating	Hard to concentrate	Blood pressure high/low	Body/limbs heavy
Fatigue	Body/limbs weakness	Bleed/Bruise easily	Headaches

SLEEP

# hours per night _____	Difficulty falling asleep	Wake ___x/night @ ___am/pm
Wake to urinate	Disturbing dreams	Restless sleep
Not rested upon waking		

EMOTIONS

What emotions dominate your experience?

Anger Grief Irritability
Depression Worry Fear
Obsessive Thinking Timid/Shy
Sadness Indecision

EARS, NOSE, THROAT

Please circle all that apply

Poor vision Poor hearing Night blindness Ringing in ears
Red eyes Excess earwax Itchy eyes Sore throat
Spots in front of eyes Dental problems Sinus congestion Mouth sores
Phlegm Cough

MENSTRUATION & CHILDBIRTH

Please circle and fill in all that apply

Age at first menses: _____ Length of full cycle _____ days Length of bleeding _____ days
Last menses start date: ___/___ # pregnancies: _____ # of births: _____ premature _____
of abortions _____ # of miscarriages _____ Fertility assistance ever used? _____
Heavy periods Light periods Cramps Mood changes
Fatigue w/ menses Painful periods Digestive changes Irregular periods
Midcycle spotting Changes in body/psyche (PMS) Clots
Yeast Infections Breast Tenderness Birth control pill: now previously

MENOPAUSE

Please circle and fill in all that apply

Age at last menses: _____ Hot flashes: _____ x/day Year changes began: _____
Vaginal dryness Night sweats _____ x/week Loss of sex drive

STATEMENT OF FINANCIAL RESPONSIBILITY FOR ACUPUNCTURE SERVICES

Date: _____

Patient Name: _____

Re: Acupuncture services

ACUPUNCTURE THAT IS/MAY NOT BE COVERED BY INSURANCE:

I have been informed and understand that the Acupuncture services that I am scheduled to receive is/may not be covered by my insurance policy, therefore I understand that I will be held responsible for payment as described below:

***Acupuncture charge = \$135.00 with discount option offered after initial visit.**

1st (initial) Acupuncture visit = \$135.00 (no discount offered)

Follow-up Acupuncture visits = \$135.00, with a \$55.00 “payment at time of service” discount offered *if payment is made at the time of your visit* (you pay \$80.00); otherwise full charge applies with no discount.

ACUPUNCTURE THAT “IS” COVERED BY INSURANCE

*Some insurance policies *do* pay for Acupuncture services, however some policies reimburse at a very low rate that was negotiated by a third party. Due to these circumstances, The Center for Integrative Medicine needs to be reimbursed for a *minimum* of \$80.00 of the full Acupuncture charge. Therefore, the difference of what the insurance policy does *not* pay up to the \$80.00, is the patient’s responsibility (see example below):

***EXAMPLE:**

Acupuncture charge =		\$135.00
Ins. Pays	=	- \$ 42.86
<u>Our agreed discount =</u>		<u>- \$ 55.00</u>
Balance due by patient =		\$ 37.14

I understand that if my insurance policy *does* cover Acupuncture, that I will be responsible for the difference of what my insurance policy does *not* pay up to a total of \$80.00 (as described above).

Patient Signature

Date

Witness Signature

Date

“PACKAGE” PRICING FOR ACUPUNCTURE

I agree to the following “package” price for acupuncture services as listed below:

_____ acupuncture visits for \$ _____; to be paid in full at the first visit.

Date of first visit: _____

Patient Signature

Date

Witness Signature

Date

Informed Consent

I hereby request and consent to the performance of the following on myself or whom I am legally responsible by the licensed acupuncturists on staff at the Center for Integrative Medicine (CIM) who now or in the future treat me while employed by, are working or associated with, or serving as back up for CIM: acupuncture, moxibustion, cupping and other oriental medical procedures including diagnostic techniques such as questioning, pulse evaluation, palpation on a variety of areas on my body, observation, range of motion, muscle and orthopedic testing; modes of manual or physical therapy such as massage, manipulation of joints and/or viscera, heat or cold therapy, electrical and/or magnetic stimulation and aromatherapy; the prescription of herbal medicines as well as dietary supplements; dietary recommendation; exercise advice and healthy lifestyle counseling.

I have had an opportunity to discuss with my practitioner the nature and purpose of acupuncture and Oriental Medicine Procedures. Although I am aware that acupuncture and the other procedures in Oriental Medicine have helped millions of people, I understand that no guarantee of cure or improvement in my condition is given or implied.

I have been informed that acupuncture is a generally safe method of treatment, but that it may have some side effects, including bruising, numbness or tingling near the needle sites that may last a few days, and dizziness or fainting. Bruising is a common side effect of cupping. Unusual risks associated with acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the clinic uses sterile, disposable needles and maintains a clean and safe environment. Burns and/or scarring are potential risks of moxibustion and cupping. I understand that while this document describes the major risks of treatment, other side effects and risks may occur. The herbs and nutritional supplements (which are from plant, animal, and mineral sources) that have been recommended are traditionally considered safe in the practice of Oriental Medicine, although some may be toxic in large doses. I understand that some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives and tingling of the tongue. I will notify a clinical staff member who is caring for me if these symptoms occur, or if I become pregnant.

I do not expect the doctor to be able to anticipate and explain all risks and complications, and I wish to rely on the acupuncturist to exercise such judgment during the course of my treatment as the practitioner feels at the time, based on the facts known, to be in my interest. I authorize the staff to perform any necessary services needed during diagnosis and treatment.

I have read or have had read to me, this informed consent form. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above named procedures. I intend this consent form to cover the entire course of treatment for my present condition and for any future conditions(s) for which I seek treatment at the CIM clinic.

Patient Signature _____ Date _____
(or Patient representative)

COMMON QUESTIONS ABOUT ACUPUNCTURE

Is Chinese medicine safe?

Traditional Chinese medicine has been practiced for thousands of years on millions of people with an amazing record of safety and efficacy. Side effects and risks associated with acupuncture and herbs are significantly lower than those associated with Western medicine and all needles used are sterile, single use and disposable.

Is Chinese medicine mind over matter?

There are some people that argue Chinese medicine is only effective because of the *placebo* (or mind-over-matter) effect. Studies have consistently shown acupuncture to be between 65 - 85% effective, while the placebo effect is commonly shown to be about 30 - 35% effective (in studies of Eastern medicine and Western medicine alike). When you compare these two sets of statistics, it is clear that there is much more to Chinese medicine than mind over matter. In fact, you don't even need to "believe" in it for it to work. Chinese medicine does however embrace the power of mind over matter, and all kinds of holistic healing!

How does acupuncture work?

From a Chinese medical perspective acupuncture is effective through its ability to stimulate the body (including specific organs) and elicit a response that helps recreate balance and health from within. While there are many theories about the mechanisms of acupuncture from a western perspective (including theories that focus on its effects on neurotransmitters, the nervous system, and electrical conductivity) they remain theories.

What should I know before my first visit?

Initial treatments last 1-1/2 to 2 hours with the majority of that time spent discussing your health concerns and collecting a detailed health history. There is also ample time for questions and answers. Expect your acupuncturist to look at your tongue (please don't brush your tongue or chew gum if you can remember!), take your pulse, and possibly palpate acupuncture points on your body (especially your abdomen). You should wear loose clothes that are comfortable to lie down in for 30 minutes and be sure to eat within 4 hours of your appointment (no empty stomachs please).

Can Chinese medicine be used with Western medicine?

Absolutely! The Center for Integrative Medicine wishes to be supportive and useful in whatever capacity works for you. Whether you choose Chinese medicine alone or Chinese medicine with Western medicine (or anything else for that matter), we will strive to be a partner in your healthcare needs.

Is acupuncture affordable?

Although the thought of paying out-of-pocket for healthcare can be daunting, it is actually quite affordable and worthwhile when you consider the results and benefits. Treatments may be slightly more costly up front, but can save you tremendously in the long run because they focus on treating illness from its root, which can prevent relapses, future illness, reduce the need for long-term care including medications, and also benefit your quality of life. In other words, Chinese medicine is an investment with long-term benefits.

How many treatments will I need?

The number of treatments required will depend on your individual health concerns and will be specifically addressed during your report of findings (at your second visit). A general rule of thumb is to plan on one month of treatment for every one year you have had your health concerns. One month of treatment may include anywhere from 1 to 6 acupuncture appointments depending on whether you also take herbs and other factors.