

Treasure Coast Community Acupuncture Health Intake Form

Name _____

Address _____

City State _____

Zip _____ DOB _____

Email _____

Phone _____

Are you a year-round resident? Yes No

How did you hear about TCCA: Word of mouth

Natural Awakenings Magazine Green Market

Google Adwords If other, please explain below:

Reason for coming in today

Body Temperature wise, I tend to be:

Warmer Colder

I prefer drinking:

Warm beverages Cool beverages

My digestion is:

Fantastic Ok Poor Needs Help

I do not have stress Stress is a big part of my life

I sleep I do not sleep

My energy is good I have fatigue

I take Pharmaceuticals Yes No

I experience Constipation Diarrhea

Do you Urinate frequently? Yes No

Do you experience Gas/Bloating? Yes No

Questions for women

I still menstruate I no longer menstruate

My cycle is:

Regular Irregular

Characteristics of my cycle:

Abdominal cramping Back Pain

Food cravings Crying

Desire to be alone Irritability

My flow is:

Profuse Light

Bright red Dark

If I no longer menstruate, it is because:

Surgery Menopause

Date _____ Date _____

I still have menopausal symptoms:

Yes No

CONSENT FOR ACUPUNCTURE

Scope of Practice

The "scope of practice" for an acupuncturist in the state of Florida includes but is not limited to the following list of techniques:

- Use of acupuncture needles to stimulate acupuncture points and meridians
- Use of electrical, mechanical, or magnetic devices to stimulate acupuncture points and meridians
- Moxibustion
- Acupressure
- Cupping
- Infra-red
- Sonopuncture
- Laserpuncture
- Dietary advice based on traditional Chinese medical theory
- Point injection therapy (aquapuncture)

I recognize the potential risks and benefits of these procedures as described below:

Potential Risks: Side effects may include, but not limited to the following:

Pain following treatment in insertion area, minor bruising, infection, needle sickness, broken needle, temporary discoloration of the skin, aggravation of symptoms existing prior to treatment.

Patients with bleeding disorders, pacemakers, seizure disorders, or women currently pregnant, please notify the practitioner.

Potential Benefits: Drugless relief of presenting symptoms, improved general health, elimination of the presenting problem(s), reduction of pain and associated symptoms.

With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Treasure Coast Community Acupuncture (TCCA) regarding cure or improvement of my condition. I hereby release TCCA from any and all liability which may occur in connection with the above mentioned procedures, except for failure to perform the procedures with appropriate care. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

Date _____

Signature _____