

# 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

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

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

**Sleep:** 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 are 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 \_\_\_\_\_