Patient's Initial Intake

Name: ..... Today's date: ..... Age: .....

Street: ..... City: ..... State: ..... Zip:.....

Home Phone: ..... Work Phone: ..... Cell Phone: ..... S.S. # .....

Date of Birth: ..... Place of Birth: ..... Occupation: .....

Marital Status: ..... Children: boys.....girls: ..... Ages: .....

In Emergency Notify: ..... Phone: ..... Referred by: .....

Have you tried Acupuncture before? ..... E-mail address: .....

Main Problem you would like to address: .....

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To what extend does this problem affect your daily activities? .....

Have you been given a diagnosis for the problem by Medical Doctor? ..... If so, what is it? .....

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What kinds of treatment or therapy have you tried? .....

Please list all medications and natural supplements you are currently taking: .....

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Have you suffered or presently are suffering from any of the following conditions (please include dates)?

Allergies	Hepatitis	Seizures	HIV/AIDS
Cancer	High Blood Pressure	Surgeries	Bleeding disorders
Diabetes	Heart Disease	Venereal Disease	Thyroid disease

Accidents or significant trauma	Birth trauma	*Miscarriage	Morning sickness

Other relevant Medical History? .....

Family Medical History:

Allergies	Cancer	Seizures
Diabetes	Heart Disease	Stroke
Asthma	High Blood Pressure	Other

Life Style:

Do you follow a regular exercise program? ..... If so pleases describe: .....

Please describe your average daily diet: .....

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Please check any of the following habits that apply. How much and how often do you use them? ☐ Coffee .....

☐ Tea ..... ☐ Alcohol ..... ☐ Soda ..... ☐ Cigarette smoking .....

Occupational stress factors: .....

How would you describe your emotional status? .....

Do you suffer from any pain, numbness, tension, or other physical distress not mentioned in your chief complaint? .....

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Do you occasionally experience any of the following symptoms (indicate length of time you had this condition)?

□ *Allergies □ *Sinusitis □ Heavy sensation in any part of the body □ Gall Bladder or Kidney stones □ *Fatigue □ Post nasal dripping ◊ Irritable bowel	□ Stomach ulcers □ Acid Reflux □ Frequent belching or sighing □ *Depressions □ Nail fungus □ Easily susceptible to stress ◊ Irritability, impatience	□ Mouth ulcers or tongue ulcers □ *Poor memory □ Palpitations or irregular Heart beat □ Tightness in the chest □ *Shortness of breath □ Anxiety ◊ Sleeping problems / excessive dreaming
□ *Frequent colds and flues □ Fainting □ Cold hands and/or feet □ *Swelling or edema □ *Sudden energy drop ◊ Weak muscles	□ Muscle twitches or cramping □ Tremors □ Skin problems: (itching, dryness, boils, acne, hives, eczema) □ Changes in texture of hair ◊ Dizziness	□ Impotence □ Low libido □ Infertility □ Weakness in the lower back or knees □ *Asthma ◊ Urinary tract infections

Please list any other problems you would like to discuss:

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Woman's Health

Your first menses were at the age of: …… Onset of menopause at the age of: ……

Do you take Birth Control Pills? …… Are you on Hormone Replacement Therapy? ……

Please answer the questions about your menstrual cycle the way it was before taking BCP or menopause:

How many days of bleeding? …… How long the cycle? …… Is the cycle regular? ……

If the cycle is not regular, is it shortened? ……how many days? ……, prolonged? ……how many days? ……

Other irregularity? ……

Heavy bleeding? ……., Light Bleeding? ……, Clotting? ……., Color of the menses: □ bright red □ dark red □ varies

Any cramping? …… □ prior to menses □ post menstrual □ during the period Do you suffer from PMS? ……

How many times you were pregnant? …… How many abortions? …….. How many births? ……..

Do you experience abnormal vaginal discharge? ……

Do you suffer from Vaginal Yeast Infections? ……

Do you suffer from PID or other sexually transmitted diseases? ……

Other? ……..……..

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Office Policy:

All fees for services are due at the time of each treatment. If you have an insurance that covers acupuncture, you will be provided with a statement for your insurance. If you need to cancel an appointment, please give a minimum of 24 hours notice. There may be a $40.00 cancellation fee for less than 24 hours notice. **Initials:** ……

For your information:

1. Sometimes after receiving an acupuncture treatment you may feel a little-bit light headed. If that is the case, please sit for a while in a waiting room. In a few minutes you will feel relaxed and clear headed.

2. Occasionally you may get a small hematoma (a small bruise under the skin) after an acupuncture needle is removed. This is not a cause for concern – it will go away in a few days. Gentle pressure applied to the site will stop any small amount of bleeding that is occurred under the skin.

3. Only sterile, disposable needles are used during acupuncture treatment.

4. Cupping, Gua-sha, and/or Moxa may be used during the acupuncture treatment. Cupping and Gua-sha may leave purplish-red marks on the skin. Afterward, these marks are normal process of the treatment and will subside in roughly 5-6 days. These additional techniques are applied only with your permission.

5. I acknowledge that I received a copy of "Notice of Privacy Policy" of Anna Kwiecinska and/or Edward Zullo; both Nationally Certified Acupuncturists, and licensed in the state of New Jersey and Pennsylvania**. Initials: ……..**

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PATIENT'S SIGNATURE (PARENT/GUARDIAN) DATE