

**ACUPUNCTURE AND CHINESE MEDICINE CENTER**  
**Patient's Health History Information Form**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (B/C) \_\_\_\_\_

Sex: M / F      Marital Status: M S W D      Height \_\_\_\_\_ Weight \_\_\_\_\_

Occupation \_\_\_\_\_ Referred by \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Tel: \_\_\_\_\_ Relation \_\_\_\_\_

Have you been treated by acupuncture or oriental medicine before?      Yes \_\_\_\_\_ no \_\_\_\_\_

If yes, when \_\_\_\_\_ where \_\_\_\_\_ for what reason? \_\_\_\_\_

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**Main problem(s) you need help with:** \_\_\_\_\_

When did this problem begin (be specific) \_\_\_\_\_ caused by \_\_\_\_\_

To what extent does this problem interfere with your daily activities (work, sleep, eat, etc.): \_\_\_\_\_

Have you been given a diagnosis or treatment for this problem? If so, what? (Be specific)

Medicine taken within the last two months (vitamins, drugs, herbs, etc.): \_\_\_\_\_

**YOUR PAST MEDICAL HISTORY** (please including date and length)

Diabetes \_\_\_\_\_ High Cholesterol: \_\_\_\_\_ Thyroid Disorders \_\_\_\_\_ Allergies: \_\_\_\_\_

Asthma \_\_\_\_\_ Heart Disease \_\_\_\_\_ Hepatitis \_\_\_\_\_ Rheumatic fever \_\_\_\_\_

Cancer: \_\_\_\_\_ High Blood Pressure \_\_\_\_\_ Others \_\_\_\_\_

Surgeries (list type of and date) \_\_\_\_\_ Allergies (drugs, chemicals, food) \_\_\_\_\_

**FAMILY MEDICAL HISTORY:**

\_\_\_\_\_ Asthma      \_\_\_\_\_ Cancer      \_\_\_\_\_ Diabetes      \_\_\_\_\_ Heart Disease

\_\_\_\_\_ Stroke      \_\_\_\_\_ High Blood Pressure      other \_\_\_\_\_

**YOUR LIFESTYLE:**

\_\_\_\_\_ Alcohol      \_\_\_\_\_ Tobacco      \_\_\_\_\_ Stress Regular exercise \_\_\_\_\_ days/week

**Please Check Any Symptoms You Have Had in the Last Three Months**

**General**

- \_\_\_ Fevers
- \_\_\_ Chills
- \_\_\_ Fatigue
- \_\_\_ Localized weakness
- \_\_\_ Sweat easily
- \_\_\_ Night sweat
- \_\_\_ Bruise or bleeding easily
- \_\_\_ Odd tastes or smells
- \_\_\_ Strong thirst (cold or hot)
- \_\_\_ Thirst, no desire to drink
- \_\_\_ Poor appetite
- \_\_\_ Cravings
- \_\_\_ Poor sleeping
- \_\_\_ Weight loss
- \_\_\_ Weight gain

**Skin and Hair**

- \_\_\_ Rashes
- \_\_\_ Itching
- \_\_\_ Ulcerations
- \_\_\_ Hives
- \_\_\_ Pimples
- \_\_\_ Loss of hair
- Other \_\_\_\_\_

**Head, Eyes, Ears, Nose  
and Throat**

- \_\_\_ Dizziness
- \_\_\_ Migraines
- \_\_\_ Headaches
- Where \_\_\_\_\_
- \_\_\_ Facial pain
- \_\_\_ Poor vision
- \_\_\_ Eye strain or pain
- \_\_\_ Eye dryness
- \_\_\_ Sinus problems
- \_\_\_ Ringing in ears
- \_\_\_ Poor hearing
- \_\_\_ Sores on lips or tongue
- Other \_\_\_\_\_

**Cardiovascular**

- \_\_\_ Pacemaker

- \_\_\_ High blood pressure
- \_\_\_ low blood pressure
- \_\_\_ Chest pain/discomfort
- \_\_\_ Heart palpitation
- \_\_\_ Swelling hands or feet
- \_\_\_ Cold hands or feet
- \_\_\_ Fainting
- Other \_\_\_\_\_

**Respiratory**

- \_\_\_ Cough
- \_\_\_ Asthma/wheezing
- \_\_\_ Bronchitis
- \_\_\_ Coughing blood
- \_\_\_ Phlegm
- \_\_\_ Pneumonia
- \_\_\_ Pain with breathing
- Other \_\_\_\_\_

**Gastrointestinal (GI)**

- \_\_\_ Nausea or vomiting
- \_\_\_ Gas
- \_\_\_ Heartburn
- \_\_\_ Belching
- \_\_\_ Indigestion
- \_\_\_ Constipation or Diarrhea
- \_\_\_ Bad breath
- \_\_\_ Blood in stools
- \_\_\_ Abdominal pain or cramps
- Other \_\_\_\_\_

**Genito-Urinary**

- \_\_\_ Pain on urination
- \_\_\_ Urgent urination
- \_\_\_ Frequent urination
- \_\_\_ Unable to hold urine
- \_\_\_ Kidney stone
- \_\_\_ Impotency
- \_\_\_ Sores in genitals
- Other \_\_\_\_\_

**Obstetrics & Gynecology**

- Number of pregnancies \_\_\_\_\_
- Number of birth \_\_\_\_\_
- Age at first menses \_\_\_\_\_
- Age at menopause \_\_\_\_\_

- Period between menses (days) \_\_\_\_
- \_\_\_ Irregular menses
- \_\_\_ Painful period
- \_\_\_ Psyche changes prior to menses
- \_\_\_ Clots in menses blood
- \_\_\_ Symptoms during/before menses  
headache/diarrhea/constipation
- \_\_\_ Vaginal sores
- \_\_\_ Breast Lumps
- \_\_\_ Breast cancer
- Other \_\_\_\_\_

**Musculoskeletal**

- \_\_\_ Neck pain
- \_\_\_ Shoulder pain
- \_\_\_ Back pain
- \_\_\_ Hip pain
- \_\_\_ Knee pain or weakness
- \_\_\_ Foot/Ankle pain
- \_\_\_ Hand/Wrist pain
- \_\_\_ Muscle pain/weakness
- Other \_\_\_\_\_

**Neuropsychological**

- \_\_\_ Seizures
- \_\_\_ Numbness
- \_\_\_ Bad temper
- \_\_\_ Depression
- \_\_\_ Anxiety
- \_\_\_ Poor memory
- \_\_\_ Loss of balance
- Have you ever been treated for  
emotional problems?  
\_\_\_ Yes \_\_\_ No
- Other \_\_\_\_\_

Is there anything you wish to bring  
to our attention that is not asked  
on this form?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# ACUPUNCTURE AND CHINESE MEDICINE CENTER

Edina Professional Building, Suite 308 • 7250 France Avenue South • Edina, MN 55435

Phone: (952) 820-0877

## CONSENT FORM

I, the undersigned, hereby authorize the acupuncturists of the Acupuncture and Chinese Medicine Center (ACM Center) to perform the following specific procedures:

**Acupuncture:** Insertion of special sterilized needles through the skin, into the underlying tissues at specific points on the surface of the body.

**Cupping:** A technique that helps relieve symptoms and draws out toxins, involving filling a glass cup with hot air and placing it on the skin to create a vacuum suction.

**Plum Blossom or Seven Star Hammer:** a light tapping of an area of the body with a small, sterile hammer that has seven points.

**Tuina:** an ancient massage used to treat a wide variety of common disharmonies.

**Chinese Herbs and Dietary Advice:** Based on traditional Chinese medicine theory. These herbs may be given, to be taken internally or externally in the form of pills, powder, tinctures, pastes, or other forms.

**Dietary Advice:** Based on Traditional Chinese Medicine Theory.

I recognize the potential risk and benefit of these procedures as described below.

**Potential risks:** Discomfort, pain, infection and blistering at the site of procedure, needle sickness, nausea, fainting, broken needle, temporary discoloration of skin, loose bowels, abdominal cramping, and even possibly, temporary aggravation of symptoms existing prior to the acupuncture and herb treatment.

Patients with severe bleeding disorders or pacemakers should inform the doctors prior to treatment.

**Potential benefits:** Drugless relief of presenting symptoms and improved balance of bodily energies may lead to prevention or elimination of the presenting problem and strengthen the constitution.

With this knowledge, I voluntarily consent to the above procedures realizing that no guarantees have been given to me by the acupuncturists of ACM Center, regarding the cure or improvement of my condition. I hereby, release the acupuncturists of ACM Center from any and all liability, which may occur in connection with the above-mentioned procedures. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

I acknowledge that all treatment records will be kept confidential in this office. I authorize the staff at ACM Center to leave messages at the following telephone number:

(\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Rev. 08/08

# ACUPUNCTURE AND CHINESE MEDICINE CENTER

Edina Professional Building, Suite 308 • 7250 France Avenue South • Edina MN 55435  
Phone: (952) 820-0877 Fax: (952) 820-3080

## **Cancellation and Rescheduling Policy**

A 24-hour notice of cancellation made during business hours is required if you need to cancel or reschedule your appointment. Therefore, we can make your time available to another person. If cancellation is made less than 24-hours before the appointment, you will be charged a cancellation fee of \$35.00. If you fail to show up for your appointment without notifying us, you will be charged a full visit fee.

## **Payment Policy**

Payment is expected at the time of your visit.

We provide a monthly statement that patients can reimburse from your health care flexible spending account (FSA). Acupuncture is not always covered by insurance; please contact your insurance company to verify benefits for acupuncture treatment provided by a licensed Acupuncturist. You may submit a claim form with our monthly statement for insurance reimbursement, if you're insurance benefits cover acupuncture.

This policy was established for the benefit of both clients and practitioners. We appreciate your cooperation in this manner, and look forward to serving you in the future.

I have read and understand the above information of payment and cancellation policy.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

Rev.08/08