

To help provide the best possible care, please fill out this form as accurately as possible. Please don't fill out any questions you don't want to. All information is kept confidential in your file.

Name: _____ Date DD/MM/YYYY
 Legal Name (if different) _____ Date of Birth: DD/MM/YYYY
 Age: _____ Pronouns: _____ Occupation: _____
 Address: _____
 Phone Number: _____ Email: _____
 Emergency Contact _____ Phone number: _____
 How did you hear about us? _____

Main Concerns: Please list the concerns that brought you here today

Primary Concern:	When did it start?
	How severe are the symptoms? (low) 0 1 2 3 4 5 6 7 8 9 10 (high)
Additional Concerns:	When did they start?
	How severe are the symptoms? (low) 0 1 2 3 4 5 6 7 8 9 10 (high)

What are your goals in seeking acupuncture? _____

Health History: Please indicate any health conditions you currently have (**write C**), have had in the past (**write P**) or any immediate relative has/had if known (**write F**)

- | | | |
|--|--|---|
| <input type="checkbox"/> Alcoholism
<input type="checkbox"/> Allergies
<input type="checkbox"/> Anorexia
<input type="checkbox"/> Arthritis
<input type="checkbox"/> Bulimia
<input type="checkbox"/> Cancer
<input type="checkbox"/> Chemical dependency
<input type="checkbox"/> Chest pain
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Depression | <input type="checkbox"/> Dizzy/fainting
<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Headaches
<input type="checkbox"/> Heart disease
<input type="checkbox"/> Hepatitis C
<input type="checkbox"/> High/low blood pressure
<input type="checkbox"/> High cholesterol
<input type="checkbox"/> HIV/AIDS
<input type="checkbox"/> Iron deficiency | <input type="checkbox"/> Irregular heartbeat
<input type="checkbox"/> Migraines
<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> Pacemaker
<input type="checkbox"/> Respiratory disease
<input type="checkbox"/> Skin disease
<input type="checkbox"/> Stroke
<input type="checkbox"/> Thyroid disease
<input type="checkbox"/> Ulcer |
|--|--|---|

Are there any other physical or mental health conditions you want us to know about? Any drug reactions, allergies, operations, contagious illness etc? _____

Family Doctor (if applicable): _____ Phone number: _____

Please list any medications/supplements you are taking? _____

What is your stress level? (low) 0 1 2 3 4 5 6 7 8 9 10 (high)

Is there anything happening in your life that is contributing to your concerns? _____

What other supports do you have access to in your life? _____

General Health

How is your sleep? _____ Hours/night? _____

- trouble falling asleep
- wake up at night
- don't feel rested
- wake up early
- night sweats

How is your digestion? _____

- no appetite
- stomach pain
- abdominal pain
- gas
- belching
- heartburn
- bloating

How many bowel movements/day? _____ How many times do you urinate/day? _____

- hemorrhoids
- loose stool
- dark yellow urine
- hard stool
- alternate loose/hard
- painful urination
- rabbit pellets
- blood in stool
- cloudy urine
- mucous in stool
- feel unfinished
- urinate at night

Do you get sick easily? _____

- Prostate trouble
- Strong menstrual pain
- Previous miscarriage
- Bleeding between periods
- Irregular cycle
- low menstrual flow
- Clots in menses
- Menopausal symptoms
- PCOS
- Heavy menstrual flow
- PMS
- Fibroids

If pregnant, please complete the following

When is your due date? _____ Induction Date, if applicable _____

Are you under the care of a Midwife OBGYN Medical Doctor

Is this your first pregnancy? Yes No

Are you and your caregiver planning a VBAC for this birth? Yes No

Any current complications _____

Any complications in previous pregnancies/deliveries _____

Poke Community Acupuncture

PATIENT INFORMATION AND CONSENT FORM

Please read the following carefully. We'd be happy to clarify anything that you do not understand.

- Acupuncture, herbs, and accompanying Chinese medicine therapies such as, moxibustion, cupping and guasha have been shown to be very effective in treating many conditions affecting the physical body and mental/emotional well-being. There are, however, some risks that may arise with these treatments. It is difficult as a practitioner to anticipate all the possible risks/complications that may arise with each individual but listed below are some of the more common ones:

Some potential side-effects:

- drowsiness may occur-please be aware that it may affect your ability to drive immediately after treatment
- minor bruising or bleeding may occur
- occasionally, symptoms get worse before they improve-this should only last a day or two. If they worsen for longer than 2 days please contact your practitioner.
- Chinese herbs may cause some digestive disturbance, skin rashes, and tingling of the tongue. Patients who experience discomfort or adverse reactions should stop taking the herbal formula and inform the practitioner.

• **It is important to let us know if any of the following conditions affect you:**

- Are you pregnant? Acupuncture can be very beneficial in the treatment of symptoms associated with pregnancy, as well as assisting in birthing preparation and post-partum. Please let us know if you are pregnant, or trying to get pregnant .
- Do you have a pacemaker or any other electrical implant?
- Do you have a bleeding disorder? Are you taking blood-thinners or any other medications?
- Do you have any medical condition that may increase your risk of an infection?
- Are you subject to fainting or feeling faint?

Privacy: Since several people are being treated in the same room at once it is vital that we work together to respect your privacy and the privacy of others. Information given is strictly private and confidential and is considered such by the practitioner. Let us know if there are certain topics that need extra discretion or if you prefer to do your intake in a more private setting. If you happen to overhear someone else's private information, please keep it to yourself.

Cancellation Policy: Poke is dedicated to providing high quality, affordable, and compassionate acupuncture. If you miss an appointment with us, we miss your presence in the treatment room. It also means that someone else was not able to use that slot. Please give us 24 hours notice if you need to cancel your appointment. We ask for a donation to Poke from folks who miss appointments or who cancel on us with less than 24 hours notice.

Returned Cheques: Please note there is a \$5.00 charge for NSF cheques.

I have read and understood the above information and give my consent to treatment from the Registered Acupuncturists (R.Ac.) and Registered Traditional Chinese Medicine Practitioners (R.T.C.M.P.) who practice at Poke Community Acupuncture. I understand that consent for treatment may be withdrawn at any time.

Full name - please PRINT

Date

Signature