renew
MASSAGE THERAPY
& ACUPUNCTURE

Acupuncture Health History Form

Sandra Robertson R.TCMP // Anita Chopra R.Ac

Name: _____ Date of Birth: _____ Age: _____

Home Phone: _____ Work/Cell Phone: _____

Emerg. Phone: _____ Occupation: _____

Email: _____

Address: _____

How did you hear about us? _____

Please list your major health concerns in order of importance:

Complaint:	Since:	Possible Cause:

List all surgeries/major illnesses you have had:

Date:	Surgery or illness:

Please list all supplements and/or medications you are currently taking:

_____

_____

Are you currently seeing a healthcare professional for any reason? Yes / No – If yes, please list reasons:

_____

_____

_____

renew
MASSAGE THERAPY
& ACUPUNCTURE

2

Acupuncture Health History Form

Sandra Robertson R.TCMP // Anita Chopra R.Ac

Have you received acupuncture before? Yes / No

If yes, when? _____ What for? _____

Do you exercise regularly? Yes / No If yes, please list activities:

Activity:	Frequency:

Please check all symptoms which are current in the last three months:

- ☐ diarrhea/loose stool/IBS
- ☐ constipation/bloating
- ☐ ulcers
- ☐ acid reflux
- ☐ nausea/vomiting
- ☐ weight loss/gain
- ☐ diabetes
- ☐ high/low blood pressure
- ☐ chest pain
- ☐ heart palpitations
- ☐ heart disease
- ☐ vascular disease
- ☐ pace maker
- ☐ heart attack/stroke
- ☐ cancer
- ☐ blood borne disease
- ☐ insomnia/sleep disorder
- ☐ tiredness/fatigue
- ☐ depression
- ☐ anxiety
- ☐ headaches
- ☐ blurred/double vision
- ☐ dizziness/vertigo
- ☐ concussion
- ☐ seizures/epilepsy
- ☐ neurological disorder
- ☐ numbness/tingling
- ☐ hot/cold intolerances
- ☐ night sweats
- ☐ shortness of breath
- ☐ asthma
- ☐ arthritis
- ☐ artificial joint
- ☐ herniated disc
- ☐ skin problems
- ☐ irregular/early/late menses
- ☐ painful period
- ☐ pregnancy
- ☐ menopause
- ☐ low libido
- ☐ premature ejaculation

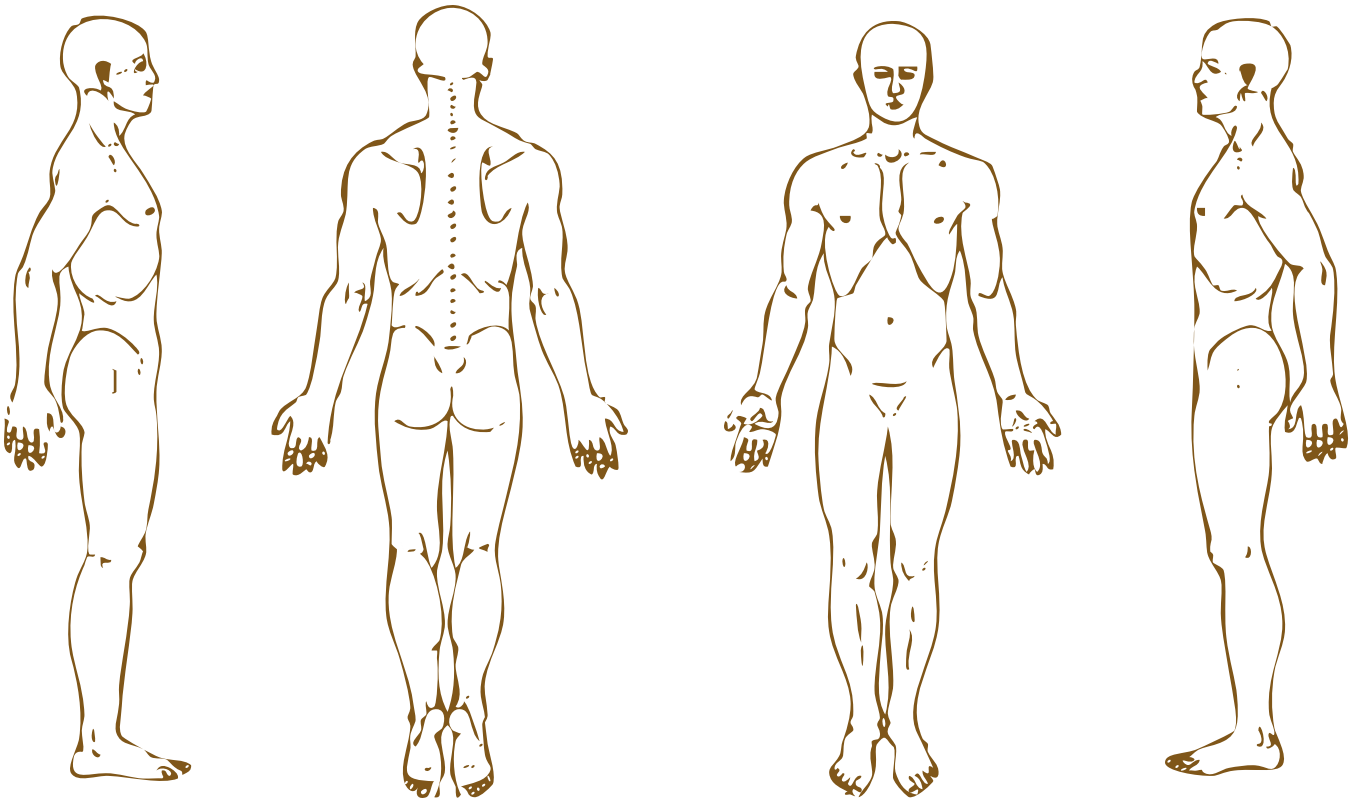
renew
MASSAGE THERAPY
& ACUPUNCTURE

3

Acupuncture Health History Form

Sandra Robertson R.TCMP // Anita Chopra R.Ac

Please circle where there is pain:



Any other information?

renew
MASSAGE THERAPY
& ACUPUNCTURE

Acupuncture Health History Form

Sandra Robertson R.TCMP // Anita Chopra R.Ac

Patient Waiver:

I understand treatment may consist of insertion of fine needles, cupping therapy, electro stimulation or herbal formula therapies. I understand that minor risks are attended to acupuncture treatments, including, but not limited to some slight bruising of the skin (hematoma) and/or slight bleeding. I understand that the risk of infection is negligible when all needles are sterile.

I do not expect the acupuncturist to be able to anticipate and explain all risks and complications. I wish to rely on the acupuncturist to exercise judgment during the course of the procedure and which the acupuncturist feels at the time, based upon the facts then known, are in my best interest.

I have had an opportunity to discuss with the acupuncturist named herein and/ or with other office or clinical personnel the nature and purpose of acupuncture.

I understand that results are not guaranteed.

I understand that it is my responsibility to keep the information regarding changes to my medical history current with regards to my condition, medication and any changes in therapies.

I intend this consent form to cover the entire course of treatment for my present condition and for any other future condition(s) for which I seek treatment.

Cancellation Policy: I agree to provide a minimum 24 hours notice or else full payment will be required for late cancellation or missed appointments.

Privacy Statement: With my signature below I authorize the collection, use and disclosure of personal information as defined in the personal information and privacy act and as required for treatment or related administrative purposes. I understand that all my information is confidential.

I have read or have had read to me the above and had an opportunity to ask questions about its content. By signing and dating below, I agree to the above-named procedures and understood this form.

Signature: _____ Date: _____