

Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Gender or Preferred Gender Pronoun: _____

Best Phone: _____

Email: _____

Occupation: _____

Medical Doctor (primary): _____

Have you had acupuncture previously? Yes No Do you have medical insurance? Yes No

How did you hear about us? _____

Main Complaint

1.

Does this pain/issue interfere with your work? Yes No

Please circle one:

Heat makes it	better,	no change,	worse
Cold makes it	better,	no change,	worse
Damp weather	better,	no change,	worse
Exercise/Activity	better,	no change,	worse

Please rate the intensity of this complaint from 0 being no pain and 10 being the worst pain you can imagine. Mark B for when intensity is at its BEST and W for at its WORST.

0-----2-----5-----8-----10

Secondary Complaint

2.

Does this pain/issue interfere with your work? Yes No

Please circle one:

Heat makes it	better,	no change,	worse
Cold makes it	better,	no change,	worse
Damp weather	better,	no change,	worse
Exercise/Activity	better,	no change,	worse

Please rate the intensity of this complaint from 0 being no pain and 10 being the worst pain you can imagine. Mark B for when intensity is at its BEST and W for at its WORST.

0-----2-----5-----8-----10

Print Name:

Are there any other concerns you'd like us to know about? _____

Do you have trouble sleeping? _____

Do you wake up tired in the morning? _____

Do you have any trouble digesting your food? _____

How often do you move your bowels? _____

Do you feel like you have enough energy to get through the day? _____

Please list current medications and **reason** for taking them:

Is there anything else you'd like us to know about you? _____

Blue Heart Acupuncture
www.blueheartacu.com 714-798-4325

Financial Policy

Blue Heart Acupuncture is a low-cost, high volume Community Acupuncture Clinic. Our fees are \$20-50 per treatment. You decide what you can pay at each visit. We will never ask for income verification and trust that you know best what you can afford to pay for your treatment. We make every attempt to make acupuncture available to as many people as possible at the most affordable rates. This is our mission.

Payment is expected at the time of your visit. We accept checks, cash, Visa & Mastercard. We ask that you be prepared to pay for your treatment each time you come in. At any time you may change the amount that you pay on the sliding scale up or down. If you need a receipt to submit to your insurance, please let us know. We'd also be happy to give you a cash receipt as well. Receipts are available ONLY at time of appointment. Due to our high volume, year-end summaries are not available.

We reserve an appointment time for you and ask that you call us if you cannot keep your appointment. In consideration of other folks who may be on a waiting list for appointments, we ask that you give us **24 hours notice** in advance of an appointment that you'll not be able to keep. **All appointments that are cancelled with less than 24 hours notice, or are missed altogether without letting our front desk know, will be charged a \$20.00 fee payable at the next visit.**

We do also recognize that emergencies happen, and would be happy to consider those on an individual basis, of course. Thanks for understanding and in doing so, helping us to keep our fees as low as possible.

I agree to the above policy:

Print Name:

Signature: _____ **Date:**

Informed Consent

Acupuncture involves the insertion of special needles into particular points on the body. The purpose of this treatment is to prevent or reduce pain and to help your body function better. There are some risks to treatment, including bruising of the skin and/or slight bleeding, pneumothorax, weakness, fainting and aggravation of symptoms existing prior to acupuncture treatment. There is little to no risk of infection when all needles are sterile. Blue Heart Acupuncture uses only one-time use, disposable needles. We do not reuse needles, even at different areas of the body for the same person. There have been rare occurrences of spontaneous abortion with the use of certain points. It is imperative that you let your practitioner know if you are pregnant or if you suspect you are pregnant so that he/she may select safe points for you.

We do not provide primary care, nor Western (allopathic) medical care. Please see your medical doctor for those services and for routine check-ups. If you are pregnant, have a bleeding disorder, pacemaker, high blood pressure, seizure disorder, local infection or have been prescribed anticoagulant (blood thinning) medications like Coumadin, by signing below you state that you have informed your acupuncturist of such conditions via the intake form and verbally.

With this knowledge, I voluntarily consent to the above procedures.

Print Name:

Signature: _____ **Date:**

Weight Limitations on Zero Gravity Chairs

Our zero gravity chairs have a weight limitation of 220 lbs. If you weigh over or close to 220 lbs., please use one of our upholstered recliners as your treatment chair. Thank you.

Initials: _____