



**INFINITY WELLNESS CENTER**  
Chiropractic & Acupuncture

## Acupuncture Intake Form

<b>Name:</b>		<b>Email:</b>	
<b>Address:</b>			
<b>City, State, Zip:</b>		<b>Date of Birth:</b>	<b>Age:</b>
<b>Home Phone:</b>		<b>Cell Phone:</b>	
<b>Emergency Contact (Name &amp; Phone):</b>			
<b>Referred by:</b>			
<b>Occupation:</b>			
<b>Have you ever had acupuncture before?</b>		<b>Chinese herbal medicine?</b>	
<b>Reason for today's visit:</b>			
<b>How long have you had this condition?</b>		<b>Is it getting worse?</b>	
<b>Does it bother your:</b> <input type="checkbox"/> Sleep <input type="checkbox"/> Work <input type="checkbox"/> Other (What?)			
<b>Is this your first time with this condition?</b>			
<b>What seems to make it better?</b>		<b>What seems to make it worse?</b>	
<b>Other concurrent therapies?</b>			

Healthcare Providers ---please list those you work with.

Physicians: GP/Primary Care: \_\_\_\_\_ seeking one?  Y  N

OB-GYN: \_\_\_\_\_ seeking one?  Y  N

Specialist (describe): \_\_\_\_\_ seeking one?  Y  N

Chiropractor: \_\_\_\_\_ seeking one?  Y  N

Massage Therapist: \_\_\_\_\_ seeking one?  Y  N

Physical Therapist: \_\_\_\_\_ seeking one?  Y  N

Psychotherapist: \_\_\_\_\_ seeking one?  Y  N

Personal Trainer: \_\_\_\_\_ seeking one?  Y  N

Midwife: \_\_\_\_\_ seeking one?  Y  N

Other: \_\_\_\_\_

May I contact these providers to ensure coordination of your care?  Y  N

Previous experience with acupuncture?  Y  N

With whom and results \_\_\_\_\_

## **Patient Information and Consent Form**

Please read this information carefully, and ask your practitioner if there is anything that you do not understand.

### **What is acupuncture?**

Acupuncture is among the oldest healing practices in the world. As part of traditional Chinese medicine, acupuncture aims to restore and maintain health through the stimulation of specific points on the body with fine needles.

### **Is acupuncture safe?**

Acupuncture is generally very safe. Serious side effects are very rare- less than one per 10,000 treatments.

### **Does acupuncture have side effects?**

You need to be aware that:

- Drowsiness occurs after treatment in a small number of patients, and is affected you are advised not to drive;
- Minor bleeding or bruising occurs after acupuncture in about 3% of treatments;
- Pain during treatment occurs in about 1% of treatments;
- Symptoms can get worse after treatment (less than 3% of patients). If this is the case you should inform your acupuncturist, but this is usually a good sign;
- Fainting can occur in certain patients, particularly at the first treatment.

In addition, if there are particular risks that apply in your case, your practitioner will discuss these with you.

### **Is there anything your practitioner needs to know?**

Apart from the usual medical details, it is important that you let your practitioner know:

- If you have ever experienced a fit, faint or funny turn;
- If you have a pacemaker or any other electrical implants;
- If you have a bleeding disorder;
- If you are taking anti-coagulants or any other medication;
- If you have damaged heart valves or have any other particular risk of infection.

**Single-use, sterile, disposable needles are used in the clinic.**

### **Statement of Consent**

I confirm that I have read and understood the above information, and I have consent to having acupuncture treatment. I understand that I can refuse treatment at any time.

Print Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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