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LMT, NCTMB, LAc, Dipl.Ac.

Acupuncture - Bodywork

Intake Document

Name: _____ Date: _____

Address:_____ City: _____State: _____ Zip: _____

Phone-C:(_____)_____-_____ Phone-H:(_____)_____-_____ DOB: _____

E-mail:_____ How were you referred/by whom?_____

Have you experienced acupuncture before? _____

What brings you here today? _____

Please list daily physical activities involved in your job and life: _____

_____

Please list any major traumas that you have ever had and their approximate dates (car accidents, broken bones, surgeries, etc.): _____

_____

_____

_____

Please circle any of the following conditions if they have affected you in the last 2 years:

Diabetes	Varicose Veins/Blood Clots	Other Circulatory Problems
Cancer	High/Low Blood Pressure	Headaches/Migraines
Glasses/Contacts	Pregnant (or trying)	Infectious Disease/HIV/AIDS
Sleep Difficulties	Osteoporosis	Irregular Digestion/Elimination
Allergies	Rash/Athlete's Foot/Warts	Arthritis/Tendonitis

_____

Are you currently under medical supervision? Y/N Physician: _____

If yes, for what? _____

Are you currently taking any medications? (If yes, please list here): _____

_____

Please take a moment to check-in with your body and notice if there is anything else that you would like kept in mind for this session:_____

(over)

I understand that the services offered are not a substitute for medical care and give my consent to receive treatment. Any information provided is for educational purposes only and not diagnostic or prescriptive in nature. I give my permission for the clinician (LAc/LMT) with whom I work to discuss information pertinent to the treatment of my condition with my health care team should it be deemed necessary. Additionally, I understand that 24 hrs. notice of cancellation are requested to avoid payment-in-full: $110 minimum fee (insurance covers no part).

Signature: _____ Date: _____

Parent/Guardian (if under 18):_____ Date: _____

Clinician:

Date/Gender/Age:

CC:

Results since last treatment:

Temperature – Sweating - Thirst – Urination - Digestion/Appetite/BM – Sleep – Emotions/Energy – Chest/Abd – Head/body - Hearing/vision – MSF – FGYN/LMP

Pulses/BPM – Appearance/Palpation - Tongue