PATIENT ***INTAKE FORM***

Please answer the following questions to the best of your ability to enable a more complete assessment of your condition.

Date: _____ Name: _____

Address_____ Suburb: _____ Post Code:_____

Work #: _____ Home #: _____ Mobile: _____

Sex: _____ Marital status: _____ Height: _____ Weight: _____

D.O.B: _____ Occupation: _____ Health Fund: _____

E-mail address: _____

How were you referred?

- Friend _____
- Relative _____
- Other Health Practitioner

  _____
- Other _____
- Website
  - Acupuncture Emporium
  - Indigo Health for Mind & Body
  - Natural Therapy Pages
  - Acupuncture & Natural Therapies Centre

EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____Suburb & Post Code: _____

Home #: _____ Work #: _____ Mobile: _____

Doctor and/or Specialist:

_____

_____

_____

Medications / Herbs / Supplements your taking

_____

_____

_____

How many children do you have & their ages? _____

_____

SOCIAL HISTORY

Do you use tobacco? Yes _____ No _____ #Packs/day _____

Do you use alcohol? Yes _____ No _____ #Drinks/wk _____

Main Complaint: _____

HEALTH HISTORY

1. Have you taken antibiotics more than 5 times throughout your life? Y / N
2. Have you taken oral steroids more than 5 times throughout your life? Y / N
3. Please circle if any of these are relevant:

- Vegetarian
- Vegan
- Gluten Intolerant
- Lactose Intolerant

4. Do you have any allergies? (Includes medications, herbs, supplements, animals, food and other)

   _____
   _____
   _____

5. Please list any medical conditions

   _____
   _____
   _____

6. Family Medical History

   _____
   _____
   _____

PREVIOUS SURGERIES

Have you ever had surgery?

Procedure	Date	Indication	Outcome

I consent to have Acupuncture and if required also cupping, gua sha and prescribed Chinese herbal medicines based on a traditional Chinese medicine diagnosis but incorporating Western Medicine diagnosis, use of pathology tests and knowledge of the latest research into Chinese medicine and acupuncture.

After acupuncture treatment it is possible but uncommon that you may experience tenderness, minor bleeding and/or bruising at the needle sites. It is also possible that you may feel light headed, some dizziness, a feeling of elation, calm or emotional. The use of Cupping and/or Gua Sha can also leave the area feeling tender and produce either redness or bruising at the site.

Name: _____ Signature: _____

Date: _____