Dr. Laura Pipher, ND

Acupuncture Intake Form

All information is for office use and is strictly confidential and would only be released with written consent

Patient information

Full Name : _____ Date of birth : _____

Age : _____

Address :_____

Main phone number: _____Alternate phone number : _____

Email : _____

Emergency contact

Name : _____ Phone number: _____

Relationship to you : _____

Your Healthcare Team

Name: _____Specialty: _____Phone: _____

Name: _____Specialty: _____Phone: _____

Name: _____Specialty: _____Phone: _____

Name: _____Specialty: _____Phone: _____

Medications & Supplements

Please list ALL prescription medications & over the counter products & supplements as well as their dosage

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.

Current Health Concern for Acupuncture Treatment:

What is your current health concern? _____

How did it start? _____

Have you had this before? YES / NO. - When? _____

Have you tried other types of treatment for this ? Please explain:

_____

Does anything make it better or worse? _____

_____

Health History

Do you suffer from any allergies? Please explain and note their severity.

_____

Please check all that apply:

History of fainting ___
Easy bleeding/ Bruising ___
History of bleeding disorders ___
History of fainting ____
Low blood pressure ___
Pacemaker or other electronic implant ___
Impaired sense of touch ___

History of seizures ___
Diabetes ___
Edema (swelling) ___
Paralysis ___
Numbness / tingling ___
Anxiety / nervousness ___

Is there any chance you could be pregnant? _____ If yes, when is your due date? _____

Please list and surgeries and hospitalizations within the past year: _____

_____

Date :

Patient signature :

Note: Please sign the acupuncture informed consent form before beginning treatment

Dr. Laura Pipher, ND

Informed Consent for Acupuncture Care Form

Please Read Carefully
Acupuncture involves the insertion of small sterilized needles into specific locations on the skin surface. Other procedures related to acupuncture include moxibustion, cupping and electroacupuncture.

Benefits: Acupuncture and procedures related to acupuncture have been demonstrated to be a safe and effective form of treatment for a range of conditions

Risks The risks associated with acupuncture include minor bleeding and bruising, temporary pain and soreness, nausea, fainting, burns, infection, shock, convulsions, pneumothorax, perforation of internal organs, and stuck or bent needles.

Please inform your naturopathic doctor if you:

- Have or develop any major health issues
- Are pregnant or actively trying to be
- Have been fitted for a pacemaker or other electrical implants
- Have a bleeding disorder or take anticoagulants
- Have damaged heart valves or have a high risk of infection
- Suffer from metal allergies
- Are Immune compromised
- Have had prosthetic implants

Only sterile single use disposable needles will be used. All acupuncture needles are properly disposed of after each and every treatment.

Pregnancy The use of certain acupuncture points and treatment techniques may be contraindicated during pregnancy. Advise your naturopathic doctor if you are pregnant or actively trying to be.

I hereby request and consent to the performance of acupuncture and other procedures related to acupuncture, as necessary, including moxibustion, cupping, and/or electroacupuncture by the abovenamed doctor or another duly authorized doctor in the clinic. I have read this consent form. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above-mentioned acupuncture procedures.

Female Patients: I fully understand that in the case of pregnancy, a risk of causing fetal distress with acupuncture treatment(s) is possible. I understand that it is critical to disclose the possibility of pregnancy to my practitioner, as this will impact treatment protocols.

Date Signed: _____

Print Patient's Name : _____

Signature of Patient (or parent/guardian) : _____