



New Patient Intake

Patient Name _____ Date _____

General Information

(KKYLZZ *P[` :[H[L
 /VTL 7OVUL 6JJ\WH[PVU APW
 >VYR 7OVUL 4VIPSL 7OVUL +H[L VM)PY[O
 ,THPS (KKYLZZ
 >L JHS\L `V\Y WYP]HJ` HUK MYVT [PTL [V [PTL ^L ZLUK V\ [THPS ZIL @HUK THPS5V
 JVTT\UPJH[PVU \WKH[LZ ZVTL TH` IL]LY` PTWVY[HU[HUK [PTLS` ^V\SK `V\ SPRL [V YLJ]P]L!
 ;L_[Z @LZ 5V
 4HPS @LZ 5V
 ,TLYNLUJ` *VU[HJ[9LSH[PVUZOPW 7OVUL
 /H]L `V\ OHK (J\W\UJ[\YL VY 6YPLU[HS @TZK&VPUL IL MHTLS` 7O`ZPJPHU 7OVUL
 >OH[^HZ `V\Y L_WL YBYUJN\W KVK 5V JOHUNL 4HYYP L KHY [U] Y P]VY K PKV ^L R :PUNSL
 (YL `V\ WYLZLU[S` \UKLY H @V L]V W Z JH Y O X HUK ^OH[MVY &
 (YL [OLYL HU` V[OLY [OLYHWPLZ ^OP @O Z]V VHYL >DU] VHS]K K @W] & MVY &

Insurance Information

0UZ\YHUJL *VTWHU` 7OVUL +H[L *HSSLK
 0+ *V 7H` *V]LYLK
 =PZP[+LK\J[PISL (TV\U[
 *VU[HJ[5HTL 9LMLY Y HS Z 5V

Focus

>OH[PZ [OL WYP]THY` YLHZVU MVY ZLLRPUN JHYL H[V\Y VIJL &
 >OH[^HZ [OL PUP[PHS JH\ZL &
 >OLU KPK P[ILNPU &
 >OH[THRLZ P[^VYZL &
 >OH[THRLZ P[IL[[LY &
 /V^ KVLZ [OPZ WYVISLT PU[LYMLYL P]OYR\Y KHPS` :HUK]PUNLZ & :L_\HSS` 6[OLY
 :SLLW ,TV[PVUHS 9LJYLH[PVU
 >HSRPUN 9LSH[PVUZOPW]ZUKPUN
 :P[[PUN :VJPHS 3PM :[YL[JOPUN
 >OH[OH]L `V\ KVUL HIV\ [OPZ &
 (YLV]PU[LYL Z [OZ]R!
 7HPU 9LSPLM /VSPZ[PJ /LHS :OYLZZ 9LSP M6[OLY
 7YL]LU[H[P] HYL[JOPUN @VNL]HS ;OLYHW`
 6YPLU[HS 5\Y R]P]U]LUHUJL *HYL
 >OH[HYL `V\Y OLHS[O NVHSZ &
 3PZ[HU` WHZ[VY M\ \YL Z\YNLYPLZ!
 3PZ[HU` ZPNUPÄJHU[[YH\TH ^OLU P[VJJ\YYLK
 L N H\ [V HJJPKLU[MHSSZ LTV[PVUHS ZL_\HS L[J]!
 3PZ[L_LYJPZL HUK ZWVY[HJ[P]P[PLZ `V\
 OH]L ILLU VY HYL J\YYLU[S` PU]VS]LK PU!

Medical History

+V `V\ OH]L HU` HSL@NPLZ& 0M ZV [V ^OH[&
+V `V\ [HRL TLKPJH[P@U& 5V 0M ZV ^OH[[`WLZ HUK OV^ VM[LU&
+V `V\ [HRL Z\WWS[P@U& 5V 0M ZV ^OH[[`WLZ HUK OV^ VM[LU&
7SLHZL PUKPJH[L PM `V\ VY HU` MHTPS` TLILYZ OH]L VY OHK HU` VM [OL MVSSV^PUN JVUKP PVU
[7UL\TVUPH [+Y\N YLHJ[PVU [4LU[HS IYLHRKV\U.VUVVYOLH /LYW[4LU[HS PSSULZZ
[;\ILYJ\SVZPZ [/LHY[H[[HJR [1H\UKPJL [/O= (0+: [/`WV O`WLY [O`YYPK
[/LWH[P[PZ [)SVVK [YHUZM\Z[PV\OHHYZP[LZ [/PNO SV^ ISVVK WYLYZ\Y\YL NYH`PUN
[+PHIL[LZ [(ULTPH [4LHZSLZ [/LHY[KPZLHZL [:LPa\YLZ
[,WPSLWZ` [(Y[OYP[PZ [4\TWZ [.V\ [[4\S[PWSL :JSLYVZPZ
[2PKUL` :[VUL [6ILZP[` [:`WOPSPZ [*HUJLY
+V `V\ ZSLL W @LSZ& 5V +V `V\ KY[H@& Z 5V
+V `V\ OH]L H OPNO WVP[U [@LZP 5M [O\OKH&& +V `V\ OH]L H SV^ WVPU[[K@LPZ 5V [O>@HU&
>OH[HYL `V\Y PUK\SNLUJLZ&
>OH[HYL `V\Y OVIPLZ WSLHZ\YLZ&

Female Concerns

+H[L VM SHZ[TLUZ[Y\H[PVU 0Z `V\Y J`JSL WLO\SH 5V 0Z `V\Y J`JSL W\@PZ 5V&
(Y`X WYLN@HU[[@LZ 5V)PY[O JVU[YO\SZ 5V /V^ SVUN&
[74: [*SV[[PUNHNPUS[Z\MNZUHS]W\FZWOHYNL 6[OLY

Male Concerns

[;LZ[PJSL[WHLUPZ WHPWUPZ ZWYLZZJOHYNZYLTH[\YL LQH\SW\JFVUHS LT@ZOPWV[LUJL
6[OLY

Signs/Symptoms

[(IKVTPUHS [*V\NOPUN ISVVK [/LTVYYOVPKZ [4\ZJSL JYHTWZ WHPW\Z WYLZZ\YL
WHPU KPZ[LU[PVU [+HYR Z[VVSZ [/LHY[WHPW[H[PV\SHZHS JVUNLZ[P@U:RPU M\UNHS PUMLJ[
[(I\ZL Z\Y]P]VY [+LJYLHZLK SPIPKV/PJJ\W [5LJR ZOV\SKLY WHPWV[Z PU L`LZ
[(JPK YLN\YNP[H[PV\WYLZZP[VU [/PNO ISVVK WYLZZ 5VINO[Z^LH[[:^LH[LHZPS`
[(JUL [+PaaPULZZ]LY[PUN\OUJYLHZLK SPIK5VZL ISLLKZ [:VYL [OYVH[
[(Z[OTH [+Y` [OYVH[TV\ [O 0UKPNLZ[PVU [5\TIULZZ [:\KKLU LULYN` KYVW
[)HK IYLH[O [+PHYVOLH [0U[LZ[PUHS WHP 6KMYWZ Z[VVSZ [:^VSSLU NSHUKZ
[)SVVK PU Z[VVSZ [,HY HJOLZ [0YYP[HISL [7HPU \WVU \YPU@ [P\UO N\T WYVISLTZ
[)SVVK PU \YPUL [,USHYNLK [O`YVFK0[JO` L`LZ [7LJ\SPHY [HZ[LZ [<SJLYH[PVUZ
[)S\YY`]PZPVU [,`L WHPU Z[YHPU[[O\WZPZVRPU [7VVY HWWL[P[L [<WWLY IHJR WHPU
[)YLHZ[S\TW WHP [,_JLZZP]L WOSLNT 1VPU[WHPU [7VVY JPYJ\SH[PV\ <YNLU[\YPUH[PVU
[)Y\PZL LHZPS` *VSVY VM FFFF\FZPKRUL` Z[VULZ [7VVY TLTVY` [=VTP[PUN
[*OLZ[WHPUZ [,_JLZZP]L ZHSP]@ 3H_H[P]L \ZL [7VVY ZSLLW [>HRL [V \YPUH[L
[*OPSSZ [-H[PN\L [3PTP[LK YHUNL VM7ZW\PPHUZPZ [>LPNO[SVZZ NHPU
[*VSK OHUKZ MLL[[-L]LY [3VZZ VM OHPY [Rash [>OLLaPUN
[*VUJ\ZZPVU [-YLX\LU[\YPUH[PV\O^ IHJR WHPU [9LKULZZ VM L`LZ [6[OLY!
[*VUM\ZPVU [.HZ ILSJOPUN [4PNYHPUL [:LPa\YLZ
[*VUZ[PWH[PVU [.YPUKPUN [LL[O [4V\ [O ZVYLZ [:OVY[[LTWLY
[*V\NO [/LHKHJOL [4\J\Z PU Z[VVSZ [:OVY[ULZZ VM IYLH[O

Pain

<ZL [OL KPHNYHT HUK WHPU RL` [V [OL YPNO[[V PUKPJH[L HYLHZ HUK [`WL VM WHPU
 <ZL [OL JOHY[ILSV^ [V PUKPJH[L WHPU PU[LUZP[` HUK SPTP[H[PVUZ

Pain intensity levels (1 to 10 of 10)

1 2 3 4 5 6 7 8 9 10

Sleeping

5V WYVISLT +PZ[\YILK =LY` KPZ[\XIKUUV[ZSLLW

Work - Can do:

<Z\HS ^VYR VM ^VYR VM ^VYR 5V ^VYR

Frequency of pain

VM [PT VM [PT VM [PT VM [PT

Travel

5V WYVISLT 4VKLYH[L WHPU VU [YRLWZYL WHPU

Recreation - Can do:

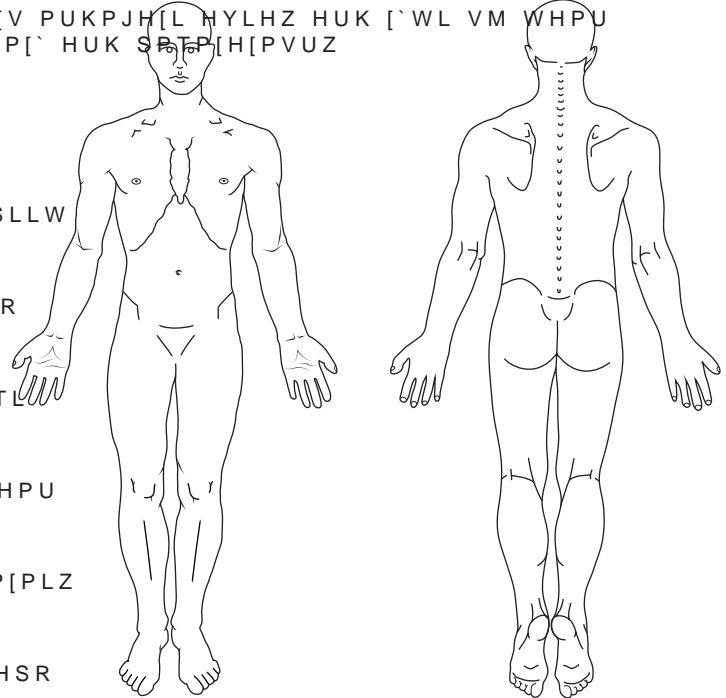
(SS HJ[P]P[PLZ :VTL HJ[P]P[PLZ 5V HJ[P]P[PLZ

Walking

*HU ^HSR ÄUL 7HPU HM[LY TPL*HUUV[^HSR

Sitting

5V WHPU ZP[PUWTL WHPU ^OPSL ZP[PHUUV[ZP[Ache
 ^^^^^



Pain Key

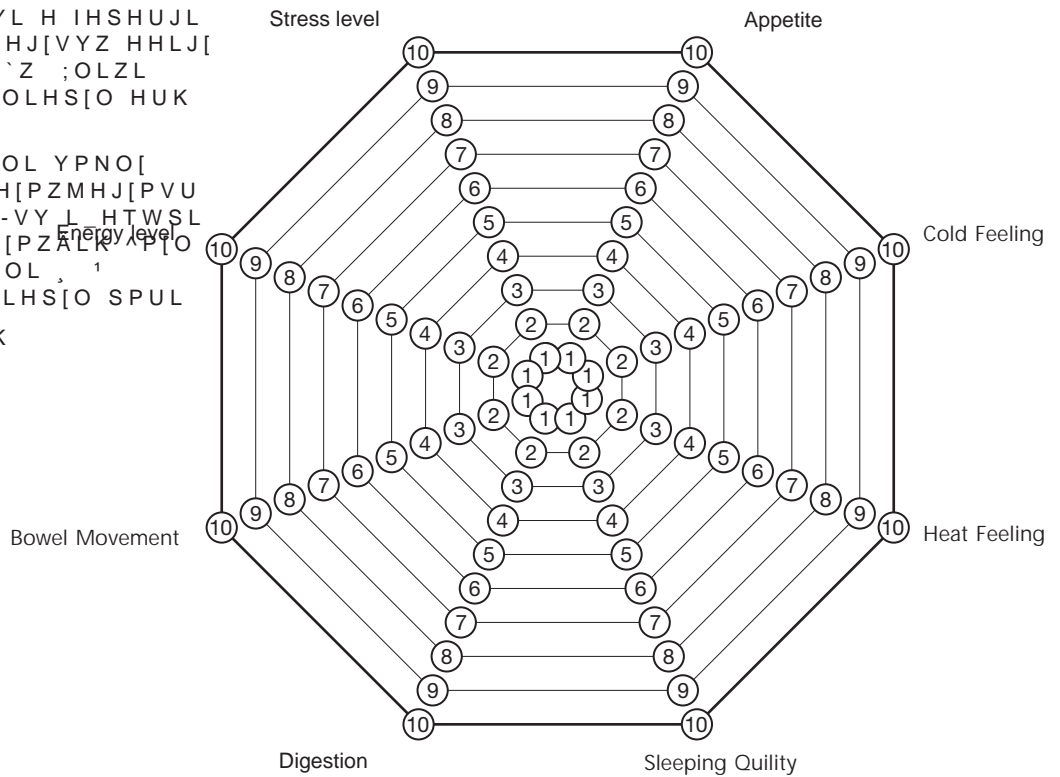
Numbness Pins & Needles Burning Stabbing
 ===== 0000 XXXX

Web of Wellness

/LHS[O HUK ^LSSULZZ HYL H IHSHUJL
 VM THU` [OPUNZ 4HU` MHJ[VYZ HHLJ[
 V\Y SP]LZ PU]HYPV\Z ^H`Z ;OLZL
 MHJ[VYZ ^LH]L H ^LI VM OLHS[O HUK
 ^LSS ILPUN

<ZPUN [OL KPHNYHT [V [OL YPNO[
 JOVVZL `V\Y SL]LS VM ZH[PZMHJ[PVU
 PU LHJO VM [OL HYLHZ -VY L HTWSL
 PM `V\ HYL L_YLTL` ZH[PZÄLK P[O
 `V\Y JHYLLY ZOHKL PU [OL ,`
 JPYJSL VU [OL JHYLLY OLHS[O SPUL

\$,_[YLTL` \UZH[PZÄLK
 \$ 5L\YHS
 \$,_[YLTL` ZH[PZÄLK



Commitment

On a scale from 1-10, how committed are you to correcting your problem(s)?

UV[JVTTP[[LK

]LY` JVTTP[[LK

Terms of Acceptance

(J\W\UJ[\YL PZ HU LHLJ[P]L M VYT VM OLHS[O JHYL [OH[OHZ L]VS]LK PU[V H JV
(J\W\UJ[\YPZ[Z HUK WYHJ[P[PVULYZ VM ;YHKP[PVUHS *OPULZL 4LKPJPUL ;*4
TPSSPVUZ VM WLVWSL NL[^LSS HUK Z[H` OLHS[O`

>OLU H WH[PLU[ZLLRZ (J\W\UJ[\YL JHYL HUK PZ HJLW[LK HZ H WH[PLU[M VY
(J\W\UJ[\YPZ[[V IL ^VYRPUN [V^HYK [OL ZHTL VIQLJ[P]LZ PU VYKLY [V WYL]LU

;OL THPU VIQLJ[P]L VM (J\W\UJ[\YL PZ [V KL[LYTPUL ^OLYL [OLYL HYL PTIHSU
ÅV^ VM 8P [OL]P[HS LULYN` [OH[ÅV^Z [OYV\NOV\ [[OL IVK` PZ KPZY\W[LK P
VM [OL THPU 4LYPKPHU JOHUULSZ JH\ZLZ V H N O H \$ O L Y H [R ` V U O P R Z [O H U Å V Å Z V S M] P R
[OL IVK` »Z PUUH[L HIPSP[` [V OLHS P[ZLSM HUK L_WYLZZ TH_PT\T OLHS[O WV

6UJL PTIHSUJLZ HYL KL[LJ[LK]HYPV\Z [YLH[TLU[TVKHSP[PLZ TH` IL LTWSV`
JVUKP[PVU Z VY KPZLHZL Z WYLZLU[LK I` [OL WH[PLU[^PSS IL [YLH[LK HJJV
X\HU[P[` X\HSP[` HUK IHSHUJL VM 8P

;OL 653@ WYHJ[PJL VIQLJ[P]L PZ [V KL[LJ[HUK JVYYLJ[PTIHSUJLZ ^P[OPU 4
[LJOUPX\LZ

7H[PLU[Z ^PSS IL HK]PZLK PM H UVU (J\W\UJ[\YL YLSH[LK VY V[OLY^PZL \U\Z\H
HU (J\W\UJ[\YL L_HTPUH[PVU 0M HK]PJL KPHNUVZPZ VY [YLH[TLU[VM [OVZL
X\HSPÄLK OLHS[O JHYL WYVMLZZPVUHS

0 FFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFF OH]L YLHK HUK M\SS` \UKLYZ[HUK [OL

(SS X\LZ[PVUZ YLNHYKPUN [OL HJ\W\UJ[\YPZ[»Z VIQLJ[P]LZ WLY[HPUPUN [V T`
JVTWSL[L ZH[PZMHJ[PVU 0 [OLYLMVYL HJLW[(J\W\UJ[\YL JHYL \UKLY [OLZL [

:PNUH[\YL FFFFFFFFFFFFFFFFFFFFFFFFFF F+H]E FFFFFFFFFFFFFFFFFF FFFF

Office Use Only

BP: PR: Tongue: Pulse: Wt: Ht:

Colorado Mandatory Disclosure Statement

Circle MindBody Acupuncture, 3090 S. Jamaica Ct, #308, Aurora, CO 80014 | (303) 210-5717

Bup Lee, L.Ac., PhD- Bup Lee is a nationally licensed acupuncturist with a Diplomate in Oriental Medicine and Chinese Herbology . He received his Master of Science in Oriental Medicine (M.S.O.M.) from South Baylo University in Los Angeles, CA after 3,950 hours of study. He attained his Dotoral degree in Oriental Medicine and Acupuncture in 2019 from American Univercity in California . He is board-certified to practice acupuncture and Chinese Herbology by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) . He received his license to practice in the state of Colorado in 2019 (2016 in California) . His license, certificate , or registration have never been revoked or suspended.

This clinic complies with the rules and regulations promulgated by the Colorado Department of Health, including the proper cleaning, sterilization, sanitation of acupuncture offices. Only single-use, disposable, factory-sterilized needles are utilized.

Fee Schedule

Initial intake consultation and acupuncture treatment (85 minutes) - \$110

Follow-up acupuncture treatment (55 minutes) - \$80

Herbal supplements are additional to the above charges. There is a 15-day return policy on UNOPENED herbs.

Initial _____

Please note that we have a 24-hour cancellation notice policy. Missed appointments or appointments cancelled within 24 hours of your scheduled appointment will be charged according to the above fee schedule.

Initial _____

Your rights as a patient:

- As a patient you are entitled to receive information about the methods of therapy, the techniques used, and the duration of therapy, if known.
- As a patient you may seek a second opinion from another healthcare professional or may terminate therapy at any time.
- In a professional relationship, sexual intimacy is never appropriate and should be reported to the Director of the Division of Registrations in the Department of Regulatory Agencies.
- Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client' s consent. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes, and the HIPAA Notice of Privacy Rights you were provided as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report suspected child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly.

The practice of acupuncture is regulated by the Director of Registrations, Colorado Department of Regulatory Agencies. If you have comments, questions, or complaints, contact the Acupuncture Registration Office, 1560 Broadway, Suite 1350, Denver, Colorado 80202. Telephone (303) 894-7800.

I have read and understand this document. I certify that I have had the opportunity to have any and all questions answered about this information and I freely seek the services offered.

Printed name _____ Signature _____ Date _____

ACUPUNCTURE INFORMED CONSENT TO TREAT

I hereby request and consent to the performance of acupuncture treatment and other procedures within the acupuncture scope of practice on me (or on the patient named below for whom I am legally responsible) by the acupuncturist below.

I understand that methods of treatment may include but are not limited to, **acupuncture, moxibustion directly or indirectly applied on skin, cupping, guasha, electrical stimulation, Oriental massage, Tui-Na (acupressure), Oriental herbal medicine, and/or nutritional counseling.**

I understand that the herbs may need to be prepared and the teas consumed according to the instructions provided orally and in writing. The herbs may have an unpleasant smell or taste. I will immediately notify a member of the clinical staff of any unpleasant effects associated with the consumption of the herbs.

I have been informed that acupuncture is generally safe method of treatment, but that it may have **some side effects including pain, bruising, numbness, swelling or tingling sensation near the needling sites that may last a few days or sometimes/rarely over 1-6 months and dizziness or fainting.**

Bruising and, or scarring, blisters are a common side effect of cupping/or guasha and, or blood letting with cupping, Cupping: prick bleed using a lance to dramatically enhance blood or qi movement; this will cause bleeding and may also cause local bruising or swelling, scarring, blisters and may last a few days or sometimes/rarely over 1-6 months.

Burns, blisters, and, or scarring are a potential risk of moxibustion burning moxa and may last a few days or sometimes/rarely over 1-6 months.

Burns or scarring, blisters are a potential risk of when treatment involves the use of heat lamp or infra-red and may last a few days or sometimes/rarely over 1-6months.

A patient may have an allergic reaction after receiving an acupuncture treatment with sterile needles. Some of the allergic reactions may be in the form of itchiness, rash, swelling, infection, and small purulence.

Unusual risks of acupuncture include miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the clinic uses sterile disposable needles and maintains a clean and safe environment.

I understand that while this document describes the major risks of treatment, other side effects and risks may occur. The herbs and nutritional supplements that have been recommended are traditionally considered safe in the practice of Oriental Medicine, although some may be toxic in large dosages. I understand that some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are: nausea, gas, stomachaches, vomiting, liver or kidney damage, headache, diarrhea, rash, hives and tingling sensation of the tongue. I will notify a clinical staff member who is caring for me if I am or become pregnant.

I understand that the provider will explain all known risks and complications, and I wish to rely on the acupuncturist to exercise judgment during the course of treatment. By voluntarily signing below, I show that I have read or have had read to me, the above consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

PATIENT SIGNATURE (Or Representative)

Month Day Year

Date: _____/_____/_____