NEW PATIENT INTAKE FORM

Today's Date____/____/_____.

Name _____ _____ _____ F / M
Last First Middle

Birthday: / / Marital status _____

Address _____
Street City State Zip

Email _____ Occupation _____

Home phone_____ Work phone_____ Cell Phone_____

Emergency Contact _____ _____ _____
Name Relationship Phone

Primary Physician _____ _____
Name phone

Health Insurance Info _____ _____
Insurance company name Policy #

Policy Holder's Name (if different from self)_____

Date of Birth__/____/___. SS#_____

Referred by _____
Internet; Acufinder.com Healthprofessional.com Yellowpage.com acurelief.com other_____

Patient's History

Today's Date____/____/_____.

Current Symptoms_____

_____

_____

_____

Have you had acupuncture before? Yes / No

How long have you had this condition? _____ Is it getting worse? Yes / No

What is your nature of pain? burning, aching, etc

How is your level of discomfort at rest? (Circle one) 0-1, 2-4, 5-7, 8-10

How is your level of discomfort at moving? (Circle one) 0-1, 2-4, 5-7, 8-10

What seemed to be the initial cause? _____

What seems to make it better? _____What seems to make it worse?_____

Does it bother your sleep, work, or other? _____

Are you under the care of a physician now? _____

Other therapies? _____

Family medical history

__Allergies
__Asthma
__Alcoholism
__Cancer
__Diabetes
__Heart disease
__High blood pressure
__Seizure
__Stroke

Your medical history

__AIDS/ HIV
__Alcoholism
__Allergies
__Appendicitis
__Arteriosclerosis
__Asthma
__Birth trauma
__Cancer
__Chicken pox
__Diabetes
__Emphysema
__Epilepsy
__Goiter
__Gout
__Heart disease
__Hepatitis
__Herpes
__High blood pressure
__Measles
__Multiple sclerosis
__Mumps
__Pacemaker
__Pleurisy
__Pneumonia
__Polio
__Rheumatic fever
__Scarlet fever
__Seizures
__Stroke
__Thyroid disorder
__Major trauma
__Tuberculosis
__Thyphoid fever
__Ulcers
__Venereal disease
__Whooping cough

List your surgery _____
List your daily menu:
Breakfast_____
Lunch_____
Dinner_____
List your Supplements _____
Pharmaceutical drug _____
Please describe your current exercise regimen:
Hours per week: _____ Activities: _____ No Exercise _____

Your habit

__Coffee/tea
__Soft drink/ juice
__Sugar Craving
__Salty food
__Alcohol
__Tobacco
__Drugs
__Stress
__Occupational hazards

Check all that apply (past and current)

General symptoms

__Poor/ Heavy appetite
__Strongly like cold/hot
__Recent wt loss/ gain
__Poor/ heavy sleep
__Dream-disturb sleep
__Fatigue
__Lack of strength
__Bodily heaviness
__Cold hands or feet
__Poor circulation
__Shortness of breath
__Fever
__Chills
__Night sweats
__Sweat easily
__Muscle cramps
__Vertigo or dizziness
__Bleed or bruise easily
__Taste in mouth

Head, eyes, ears, nose, throat

__Glasses
__Eye strain
__Eye pain
__Red eyes
__Itchy eyes
__Spots in eyes
__Poor vision
__Blurred vision
__Night blindness
__Myopia or presbyopia
__Glaucoma
__Cataracts
__Teeth problems
__Grinding teeth
__TMJ
__Facial pain
__Gum problems
__Sores on lips / tongue
__Dry mouth
__Excessive saliva
__Sinus problems
__Excessive phlegm
__Recurrent sore throat
__Swollen glands
__Lumps in throat
__Enlarged thyroid
__Nosebleed
__Ringing in ears
__Poor hearing
__Earaches
__Headaches
__Migraines
__Concussions
__Other problems

Respiratory

__Difficulty breathing
__when lying down.
__Shortness of breath
__Tight chest
__Asthma /wheezing
__Difficult inhalation?
__Exhalation
__Cough (wet/ dry)
__Coughing up blood
__Pneumonia

Cardiovascular

__High blood pressure
__Blood clot
__Low blood pressure
__Fainting
__Chest pain
__Difficulty breathing
__Tachy cardia
__Heart palpitations
__Phlebitis
__Irregular heart beat

Gastrointestinal

__Nausea
__Vomiting
__Acid regurgitation
__Gas
__Hiccup
__Bloating
__Bad breath
__Diarrhea
__Constipation
__Black stools
__Bloody stools
__Mucous in stools
__Hemorrhoid
__Itchy anus
__Intestine pain/ cramp
__Burning anus
__Rectal pain
__Laxative use
__Bowel frequency
__Bowel quality

Musculoskeletal

__Neck/ Shoulder pain
__Muscle pain
__Upper back pain
__Low back pain
__Joint pain
__Rib pain
__Limited ROM

Skin and hair

__Rashes
__Eczema
__Psoriasis
__Acne
__Dandruff
__Itching
__Hair loss
__Fungal infections
__Other

Neuropsychological

__Seizure
__Numbness
__Tics
__Poor memory
__Depression
__Anxiety
__Irritability
__Easily stressed
__Abuse survivor
__Considered suicide
__Seeing a therapist

Genitourinary

__Pain on urination
__Frequent urination
__Urgent urination
__Blood in urine
__Unable to hold urine
__Incomplete urination
__Venereal disease
__Bedwetting
__Wake to urinate
__Increased libido
__Decreased libido
__Kidney stone
__Impotence
__Premature ejaculation
__Nocturnal emission

Gynecology

Age menses began_____
Date of last PAP_____
___Irregular periods
___PMS
___Menopausal syndrome
Length of cycle_____
Date last period began_____
___Vaginal discharge
___Clots
Duration of flow____
Age at menopause____
___Breast lumps
___Pregnancy

Your First Visit

Acupuncture and your health

Acupuncture and Oriental medicine take a holistic or whole-body approach to health. This means Dr. Park will take into account your whole self, not just your symptoms, in order to get to the root of your health concerns. You will work together to find out how factors like your lifestyle and emotional and mental well-being may be affecting your health.

Your First visit

Initial visits generally last from 30 to 90 minutes. Dr. Park will take a detailed health history and physical exam, and will provide you with your unique treatment plan.
During your first exam, Dr. Park will spend time getting to know you and your health concerns. You may be asked a wide range of questions about your symptoms, eating exercise, sleep habits, and emotional states-anything that may offer insight into your health.
Your practitioner will also employ diagnostic tools that are unique to acupuncture and oriental medicine such as tongue and pulse diagnosis.

Your treatment plan

Once Dr. Park has gathered enough information, you'll receive a comprehensive diagnosis and a treatment plan that will explain:

*Your underlying imbalances
*Your time-line of care
*What types of treatment you will receive

Getting the most out of treatment

For the best treatment results, keep a few things in mind:

*Please show up on time
*Avoid large meal and caffeine before your visit
*Wear loose, comfortable clothes that can be rolled up to your knees and elbows.
* Remove all jewelry, watches before getting acupuncture.
*Refrain from overexertion, working out, alcohol for up to 6 hours after the visit
*Avoid stressful situations. Make time to relax, and be sure to get plenty of rest
*Between visits, take notes of any changes that may have occurred, such as alleviation of pain, pain moving to other areas, changes in the frequency and type of problems.

How treatment works

To treat any Qi imbalances, fine, sterile needles will be inserted at specific points along the meridian pathways. Your acupuncturist may include other related therapies in your treatment plan, such as cupping and Tuina. Herbal remedies are another important aspect of acupuncture and oriental medicine, and it is important to understand and follow Dr. Park's directions in order to get the most benefit from these treatments.

Acurelief
ORIENTAL MEDICINE

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