

**Abundant-Chi Community Acupuncture/Deah Kinion, L. Ac.
Health History Questionnaire and Registration**

PATIENT INFORMATION	CONTACT INFORMATION
Date _____ Name _____ Address _____ City State Zip _____ Age _____ Birthdate _____ Occupation _____ Company name _____ Healthcare Provider _____	Home phone _____ Work phone _____ Other/cell phone _____ Email _____ How did you hear about us? _____ _____

HEALTH HISTORY	
<p>What are your primary concerns for coming in for treatment?</p> <p>1- _____</p> <p>2 - _____</p> <p>3 - _____</p> <p>How is your sleep? _____</p> <p>_____</p> <p>How is your digestion? _____</p> <p>_____</p> <p>Stress? _____ How do you manage stress?</p> <p>_____</p> <p>_____</p> <p>List medications or food supplements you are taking. _____</p> <p>_____</p> <hr/> <p>List serious illnesses, accidents or surgeries. _____</p> <p>_____</p> <p>_____</p> <p>Allergies? _____</p>	

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HEALTH HISTORY...CONTINUED

Check symptoms you have or had recently:

MUSCLE/JOINT/BONES

- Tremors c Cramps
- Swollen joints

Pain, weakness, numbness (check & circle)

- Hands or Wrists or Arms or Neck or Shoulder
- Back or Hips or Legs or Feet or Ankles
- Other _____

EYES/EAR/NOSE/THROAT/RESPIRATORY

- Asthma/wheezing/Difficulty breathing
- Earache
- Frequent colds
- Hay fever/allergies/sinus congestion
- Nose bleeds
- Ringing in ears

SKIN

- Itching/rash
- Sensitive skin
- Sore won't heal

GENITO/URINARY

- Frequent urination
- Lowered libido
- Other _____

MEN

- Erection difficulties
- Prostate trouble

CARDIOVASCULAR

- Chest pain
- High or low blood pressure
- Poor circulation
- Previous heart attack
- Rapid/irregular heart beat
- Swelling of ankles

GASTROINTESTINAL

- Belching, gas or bloating
- Constipation
- Diarrhea
- Difficulty swallowing
- Hemorrhoids
- Indigestion
- Nausea
- Poor appetite
- Vomiting

WOMEN

- Bleeding between periods
- Clots/cramps
- Heavy or light menstrual flow
- Irregular cycle
- Menopausal symptoms
- PMS
- PCOS

Could you be pregnant? _____

OTHER CONCERNS:

Please review and sign the consent and financial information on next page, thank you!

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Financial Policy

We are a low-cost, high-volume clinic. We are part of a cooperative network of 200+ Community Acupuncture Clinics. Our mission is to make acupuncture available & affordable to as many people as possible.

☺ We charge a **sliding fee scale of \$20-\$50** – you pay what works for you. For new clients there is a one-time intake fee of \$10 in addition to the treatment fee for the first appointment. We will not ask you about your income or make payment suggestions. You should pay whatever allows you to come in as often as needed to see improvement in your health.

☺ We accept all forms of payment – cash, check, and credit cards (Visa, MasterCard, Discover). You may also use your HSA cards for payment. ***If you want a receipt for your insurance company, HSA, FSA, or taxes, you must request a receipt at the time of service and keep it for your records. We do not keep track of individual payments, and cannot offer a receipt at year's end.***

☺ **In consideration of other folks, please give us at least 12 hours notice in advance of an appointment you will not be able to keep. Phone message or email works fine. All appointments that are canceled with less than 12 hours notice, or are missed altogether without letting us know, will be charged a \$15 fee payable at the next visit. Bounced checks will also be charged a fee.**

We recognize that emergencies do happen, and would be happy to consider these on an individual basis. Thanks for understanding and in doing so, helping us to keep our fees as low as possible.

I understand and agree to the above policy: _____

Informed Consent to receive Acupuncture

Deah Kinion graduated from the Midwest College of Oriental Medicine, in Chicago, IL; she/designee is Board certified by the National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM); and is licensed in the State of MN as an acupuncturist (L. A.), by the MN Board of Medical Practice. The **scope of practice** under acupuncture licensure in Minnesota includes using Oriental medical theory for diagnosis and for development of a treatment plan. Techniques may include insertion of sterile needles, electro-stimulation, heat, cupping, dermal friction, acupressure, herbal therapies, dietary counseling, breathing techniques and exercise; all of these according to Oriental medical principles. We do not provide primary care, or Western (allopathic) medical care. Please see your medical doctor for those services and for routine checkups.

I have been informed that **side effects** of acupuncture, while not common, may include some pain in the treatment area, minor bruising, temporary faintness, possible worsening of some symptoms for 24-48 hours before improvement begins, broken needles, and as with any procedure in which the skin is broken, a very slight risk of infection. I have been informed that only sterile disposable needles are used in treatment.

Pacemaker: YES NO Bleeding disorder: YES NO Pregnant: YES NO

Name (signed): _____ Date: _____