

*Abundant-Chi Community Acupuncture Center*  
*Deah Kinion, L. Ac. (507) 990-3299*

*Acupuncture can help with relaxation, reducing stress, cravings and withdrawal symptoms.*

**STOP SMOKING/NICOTINE CESSATION INTAKE**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone (C) \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email \_\_\_\_\_ Birthday \_\_\_\_\_

Usage (type & amount) \_\_\_\_\_

Do you have a supportive environment? \_\_\_\_\_ Coping strategies? \_\_\_\_\_

Do you know your patterns of smoking?

Have you tried to quit before? \_\_\_\_\_ How long? \_\_\_\_\_

Why do you want to quit? \_\_\_\_\_

What do you like most about smoking? \_\_\_\_\_

What will be the hardest part about quitting? \_\_\_\_\_

**Acupuncture Consent Form**

Deah Kinion, L. Ac. is an acupuncturist licensed by the MN Board of Medical Practice. She graduated from the Midwest College of Oriental Medicine in 1988. The acupuncture **scope of practice** includes the following: Using Oriental medical theory to assess, diagnose and treat a patient. Treatment techniques include acupuncture, acupressure, herbs, diet counseling, breathing techniques and exercise according to Oriental medicine principles. **Side effects** are rare but may include the following: pain in treatment area, temporary bleeding or bruising, infection, needle sickness or broken needle. Only pre-sterilized needles are used.

**Please circle YES or NO for the following and sign below.**

Bleeding disorder? YES NO Pacemaker? YES NO Pregnant? YES NO

I have read the above and agree to proceed with acupuncture services for nicotine cessation. I may choose to receive further acupuncture for additional health concerns.

NAME: (signed) \_\_\_\_\_ DATE: \_\_\_\_\_