

## Acupuncture And Holistic Medicine Healing Center: New Patient Patient Intake Form

Name:		Phone: Contact me No.:		Cell:	
Street: _____		Email: _____		<b>Permission To Email You With Health Improvement Info or special offers? Please circle Y or N.</b> We never sell or share your info. We respect your privacy	
City:		Birth date:		Age:	
State:		Zip:		Occupation:	
				HT.: WT.: Sex:	
Physician:		Referred by:		Emergency contact:	
Main Problem:		Emergency Phone:			
Getting other treatment? Describe?					

**Past Medical History: (please includes dates)**

*Significant illnesses:* \_\_\_ Cancer, \_\_\_ Diabetes, \_\_\_ High Blood Pressure, \_\_\_ Heart Disease, \_\_\_ Hepatitis  
 \_\_\_ AIDS/HIV, \_\_\_ Rheumatic Fever, \_\_\_ Thyroid Disease, \_\_\_ Seizures, \_\_\_ Osteoporosis, \_\_\_ MS  
 \_\_\_ Fibromyalgia, \_\_\_ Chronic Fatigue Syndrome, \_\_\_ CP, \_\_\_ Parkinson's, \_\_\_ Asthma, *Other:*

*Surgeries (approx. dates):*

*Significant Trauma* (auto accidents, falls, etc., approx. dates):

*Allergies* (drugs, chemicals, food, etc.)

*Medicines taken within the last two months* (include vitamins, other the counter drugs, herbs, etc.)

*Life Stresses:* (Chemical exposure, physical, mental, emotional)

*Comments:*

*Average daily diet:*

Morning

Afternoon

Evening

**Habits:** \_\_\_ Cigarettes, \_\_\_ Coffee, \_\_\_ Tea, \_\_\_ Soft Drinks, \_\_\_ Alcohol, \_\_\_ Drugs, \_\_\_ Sugar, \_\_\_ Salt, \_\_\_ Chocolate

**Family Medical History:** \_\_\_ Cancer, \_\_\_ Diabetes, \_\_\_ High Blood Pressure, \_\_\_ Heart Disease,  
 \_\_\_ Hepatitis \_\_\_ AIDS/HIV, \_\_\_ Rheumatic Fever, \_\_\_ Thyroid Disease, \_\_\_ Seizures, \_\_\_ Osteoporosis,  
 \_\_\_ MS \_\_\_ Fibromyalgia, \_\_\_ Chronic Fatigue Syndrome, \_\_\_ CP, \_\_\_ Parkinson's, \_\_\_ Asthma

**General:** *Thirsty often* Y/N? \_\_\_ *Chills or Fever* Y/N? \_\_\_, **Body Temp feels:** \_\_\_ Cool, \_\_\_ Cold, \_\_\_ Warm, \_\_\_ Hot

**Body Systems:**

*(Please check off any and all symptoms that you have currently. This is crucial for accurate diagnosis:)*

**Skin & Hair:** \_\_\_ Rashes, \_\_\_ Eczema, \_\_\_ Hives, \_\_\_ Itching, \_\_\_ Dandruff, \_\_\_ hair loss, \_\_\_ Pimples, \_\_\_ Bruises

*Comments:* \_\_\_\_\_

**Head:** \_\_\_ Headaches, location?: \_\_\_\_\_, Concussion: Date: \_\_\_\_\_ *Comments:* \_\_\_\_\_

**Eyes:** \_\_\_ Floaters, \_\_\_ Red Eyes, \_\_\_ Painful Eyes, \_\_\_ Dry Eyes, \_\_\_ Itchy Eyes, \_\_\_ Eye Strain, \_\_\_ Cataracts, \_\_\_ Blind spots,  
 \_\_\_ Color Blindness, \_\_\_ Night Blindness, \_\_\_ Blurred Vision, \_\_\_ Wear Glasses: \_\_\_ Near Sighted, \_\_\_ Far Sighted.

*Comments:* \_\_\_\_\_

**Nose:** \_\_\_ Runny Nose, \_\_\_ Sniffles, \_\_\_ Peculiar Smells, \_\_\_ Nose Bleeds, \_\_\_ Sneezing, \_\_\_ Dry Nose, \_\_\_ Sinus Infection,  
 \_\_\_ Sinusitis, \_\_\_ Frequent Sinus Infections. *Comments:* \_\_\_\_\_

**Mouth:** \_\_\_ Dry Mouth, \_\_\_ Excessive Saliva, \_\_\_ Sores on Lips, \_\_\_ Can't Taste, \_\_\_ Sores on Tongue, \_\_\_ Sores in Mouth,  
 \_\_\_ Heavy Tongue Coat, \_\_\_ Grinding Teeth, \_\_\_ Jaw Clicks, \_\_\_ Jaw Pain, \_\_\_ TMJ, \_\_\_ Bad Breath, \_\_\_ Gum Problems,  
 \_\_\_ Teeth Problems, \_\_\_ Unusual Tastes, *Comments:* \_\_\_\_\_

**Throat:** \_\_\_ Sore, \_\_\_ Scratchy \_\_\_ Difficulty Swallowing, \_\_\_ Feeling of Something stuck in Throat, \_\_\_ Dry Throat

*Comments:* \_\_\_\_\_

**Cardiovascular:** \_\_\_ High Blood Pressure, \_\_\_ Low Blood Pressure, \_\_\_ Phlebitis, \_\_\_ Varicose Veins, \_\_\_ Blood Clots,  
 \_\_\_ Cold hands, \_\_\_ Cold Feet, \_\_\_ Irregular Heart Beat, \_\_\_ Missing Heart Beats, \_\_\_ Chest Pain, \_\_\_ Shortness of Breath,  
 \_\_\_ Dizziness, \_\_\_ Swelling of Hands, \_\_\_ Swelling of Feet, \_\_\_ Fainting, \_\_\_ Numbness, \_\_\_ Tingling, \_\_\_ Palpitations

*Comments:* \_\_\_\_\_

**Respiratory:** \_\_\_ Cough, \_\_\_ Pneumonia, \_\_\_ Coughing Blood, \_\_\_ Asthma, \_\_\_ Bronchitis, \_\_\_ Difficulty Breathing When  
 Lying Down, \_\_\_ Tightness in Chest, \_\_\_ Cough Up Phlegm, What Color? \_\_\_\_\_, \_\_\_ Sneezing, *Comments:* \_\_\_\_\_

**Gastrointestinal:** *Appetite:* \_\_\_ Heavy, \_\_\_ light, \_\_\_ Cravings: What: \_\_\_\_\_, \_\_\_ Changes in appetite: \_\_\_ Inc.  
 \_\_\_ Decrease, \_\_\_ Nausea, \_\_\_ Gas, \_\_\_ Bloating, \_\_\_ Vomiting, \_\_\_ Abdominal pai, where: \_\_\_\_\_

Vomiting Blood, \_\_\_ Acid Regurgitation, \_\_\_ Belching, \_\_\_ Bad Breath, \_\_\_ Abdominal Cramps, \_\_\_ Abdominal Bloating, \_\_\_  
 Constipation more than one day, \_\_\_ Dry Stools, \_\_\_ Stools Hard to Expel, \_\_\_ Food In Stools, \_\_\_ Explosive Diarrhea, \_\_\_

BM Without Warning, \_\_ Foul Smelling BM, \_\_ Burning Anus After BM, \_\_ Blood In BM, \_\_ Mucus In BM, \_\_ Black Stools, \_\_ Tarry Stools, \_\_ Hemorrhoids, \_\_ Additional info and *Comments*: \_\_\_\_\_

**Kidney/Bladder/Urination/Genito-Urinary:** \_\_ Kidney Stones, \_\_ Bladder Infections, \_\_ Frequent Urination; \_\_ Painful Urination, \_\_ Blood In Urine, \_\_ Cloudy Urine, \_\_ Urgent Urination, \_\_ Difficult Urination, \_\_ Dribbling Urination, \_\_ Urinary Incontinence, \_\_ Sand in Urine, \_\_ Burning Urination, \_\_ Dark Urine, \_\_ Wake Up To Urinate; # of times per night: \_\_, \_\_ Copious Urine, \_\_ Urinate Little At A Time, \_\_ Impotence, *Comments*: \_\_\_\_\_

**Liver/GallBladder:** \_\_ Frequent Sighing, \_\_ Pain In Side below liver, \_\_ Hepatitis, \_\_ Breast Tenderness, \_\_ Cirrhosis, \_\_ Gall Stones, \_\_ Jaundice. *Comments*: \_\_\_\_\_

**Musculoskeletal:** \_\_ Neck Pain; \_\_ Back Pain, \_\_ Sciatica; \_\_ Foot pain, \_\_ Shoulder Pain, \_\_ Upper Arm Pain, \_\_ Elbow Pain, \_\_ Lower Arm Pain, \_\_ Wrist Pain, \_\_ Hand Pain, \_\_ Finger Pain, \_\_ Hip Pain, \_\_ Thigh Pain, \_\_ Knee Pain, \_\_ Lower Leg Pain, \_\_ Ankle Pain, \_\_ Pain on Top of Foot, \_\_ Pain on Bottom of Foot, \_\_ Toe Pain, \_\_ Any Other Body Pain; Describe Where & Nature of Pain: \_\_\_\_\_  
*Comments*: \_\_\_\_\_

**Cognition:** \_\_ Short Term Memory Loss, \_\_ Long Term Memory Loss, \_\_ Confusion, \_\_ Forgetfulness, \_\_ Seizures, \_\_ Transient Ischemic Attacks, TIAs, \_\_ Stroke, \_\_ Disorientation, \_\_ Easily Stressed. *Comments*: \_\_\_\_\_

**Mood:** (Check any that apply to you): \_\_ Depressed, \_\_ Sad, \_\_ Happy, \_\_ Joyful, \_\_ Fearful, \_\_ Moody, \_\_ Agitated, \_\_ Grief Stricken, \_\_ Confused, \_\_ Frustrated, \_\_ Easily Angered, \_\_ Lacking, \_\_ Rage, \_\_ Resentment, \_\_ Not Good Enough, \_\_ Stressed, \_\_ Distraught, \_\_ Unfulfilled, \_\_ Fulfilled, \_\_ Hateful, \_\_ Passionate, \_\_ Overly Aggressive, \_\_ Hostile, \_\_ Loved, \_\_ Unloved, \_\_ Hurt, \_\_ Scared, \_\_ Pessimistic, \_\_ Have Considered Suicide. *Comments*: \_\_\_\_\_

**Sleep:** \_\_ Trouble Sleeping, \_\_ Hard to Fall Asleep, \_\_ Awaken Easily During the Night, \_\_ Have Difficulty Falling Back To Sleep, \_\_ Vivid Dreams, \_\_ Awaken Rested, \_\_ Awaken Tired, \_\_ Scary Dreams. *Comments*: \_\_\_\_\_

**Pregnancy:** \_\_ # Of Pregnancies, \_\_ # Of Births, \_\_ Age At 1<sup>st</sup> Menses, \_\_, \_\_ # Premature Births \_\_, \_\_ # Miscarriages \_\_, *Comments*: \_\_\_\_\_

**Gynecology:** \_\_ Excessive Bleeding During Period, \_\_ Clots In Blood, \_\_ Pain During Menstruation, \_\_ Vaginal Sores, \_\_ Vaginal Discharge, Color: \_\_\_\_\_, \_\_ Breast Lumps, \_\_ Breast Tenderness or Soreness, \_\_ Irregular Periods, \_\_ Painful Periods, \_\_ Late Period, \_\_ Early Period, \_\_ Variable Period (Comes Early or Late). \_\_ Headaches Which Start Before or At Start of Period, \_\_ Pain or Cramps Which End When Period starts, \_\_ Pain or Cramps Which End When Period Ends, \_\_ Headaches That End When Period Ends. \_\_ Other, Please Describe: \_\_\_\_\_  
\_\_ Birth Control; Type, Name: \_\_\_\_\_, \_\_ Menopause, \_\_ Post Menopause, \_\_ Hot Flashes, \_\_ Night Sweats, \_\_ Feeling of Heat in Palms & Soles of Feet. \_\_ Flushing of the Face, \_\_ Irritation, \_\_ Mood Swings, \_\_ Decrease in Sexual Desire, \_\_ Loss of Sexual Desire, \_\_ Vaginal Dryness, \_\_ Pain During Intercourse, *Comments*: \_\_\_\_\_

**Have You Ever Been Treated For Any Of The Following**, (Only Check Off The Following, If They Apply): \_\_ Heart Disease, \_\_ Seizures, \_\_ Any Kind Of Cancer, \_\_ Multiple Sclerosis, \_\_ Parkinson's, \_\_ High Blood Pressure, \_\_ Depression, \_\_ Osteoporosis, \_\_ Drug Addiction, \_\_ Seasonal Affective Disorder, SAD, \_\_ Chronic Fatigue Syndrome, CFS, \_\_ Candida, \_\_ Fibromyalgia, \_\_ Sexually Transmitted Disease, \_\_ Any Neurological Disorder, Please Specify: \_\_\_\_\_, \_\_ Any Mental Disorder? Please Describe anything of significance: \_\_\_\_\_

**Statement Of Our Financial & Medical Records Privacy Policy:**

- We accept payment by cash, check, Mastercard , Visa and PayPal.
- We will not release your medical records nor divulge information about your treatment to anyone without your express consent in writing unless required by law.
- I have read, understand and accept the financial & Privacy policies of Acupuncture & Holistic Medicine Center, or Glenn Eichenauer, DOM, AP.

Patient Signature (*authorizes treatment*): \_\_\_\_\_, Date: \_\_\_\_\_

**Glenn Eichenauer, DOM, AP**  
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**Informed Consent for Acupuncture**

*It is very important that you eat something substantial at least two hours before having acupuncture, so that you do not have a blood sugar crisis...This is very rare, but eating completely eliminates the possibility.*

Acupuncture refers to the insertion of disposable, single use, fili-form (solid) needles at various sites and locations all over the body for the purposes of promoting healing, pain relief, and other therapeutic outcomes.

Acupuncture is usually a painless process. However at times there may be a sharp pain on insertion in which case the needle is quickly removed and relocated to a pain free location.

On rare occasions there may be a drop or two of blood upon with-drawl of the needle. This is quickly wiped away.

It is normal to feel either a distending sensation at the site of needle insertion or a heaviness sensation, or an electric like radiation either up or down the channel from the point of needle insertion.

Rarely, you might experience a small bruise at a needle insertion site. This is called a hematoma and usually heals as quickly as any other bruise on your body. This little bruise is not dangerous and will heal on its own. Again, this is a rare event, but does occasionally happen.

At any time after a treatment, we urge you to call us immediately, if you experience anything different from normal.

Please call any time you have a concern or question, we will be happy to address your concern. Please call our office (941) 926-4711.

Medical Records Privacy Policy:

You have the right to have copies of your treatment files. This office will not release your medical records to any other party without your express permission in writing, unless required by law. We will not release or sell your name or medical information for marketing purposes of any kind.

I acknowledge the above and give my consent to have this procedure and request that this procedure be performed as indicated now and in the future. I also have read and agree to Dr. Eichenauer's privacy policy.

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