

Acupuncture and Herbal Medicine
Mary Lee Nickel, L.Ac.

Identification Information

Name	
Address	
Phone numbers Office or Cell	
Home	
Email (optional)	
Date of Birth	
Personal Habits # cups of coffee per day	
# cups of tea per day	
# sodas per day	
Types of exercise you enjoy	
What do you eat for Breakfast?	
Lunch?	
Dinner?	
Snacks?	
Main reason for seeking acupuncture today?	

Name: _____

Date: _____

CHECK ANY CURRENT CONDITIONS OR THOSE THAT YOU HAVE HAD IN THE PAST.

HEAD AND NECK

- Dizziness
- Fainting
- Neck Stiffness
- Enlarged lymph glands
- Headaches
- Other

RESPIRATORY

- Chronic cough
- Coughing up blood
- Coughing up phlegm
- Difficulty breathing
- Wheezing/asthma
- Frequent colds
- Other

MALE

- Pain/itching of genitalia
- Genital lesions/discharge
- Impotence
- Weak urinary stream
- Lumps in Testicles
- Other

EARS

- Infection
- Ringing
- Decreased hearing
- Other

CARDIO-VASCULAR

- Palpitations
- Chest pain or tightness
- Rapid heart beat
- Irregular heart beat
- Poor circulation
- Swelling of ankles
- Phlebitis
- Other

FEMALE

- Frequent urinary tract infections
- Frequent vaginal infections
- Pain/itching of genitalia
- Genital lesions/discharge
- Pelvic inflammatory disease
- Abnormal Pap smear
- Irregular periods
- Painful menstrual periods
- Premenstrual Syndrome
- Abnormal bleeding
- Menopausal symptoms
- Breast lumps
- Other

EYES

- Blurred vision
- Visual changes
- Poor night vision
- Spots
- Eye Inflammation
- Other

GASTROINTESTINAL

- Nausea
- Indigestion
- Stomach pain
- Diarrhea
- Constipation
- Poor appetite
- Excessive Hunger
- Vomiting blood
- Blood in stool or black stools
- Hemorrhoids
- Gall bladder disorder
- Recent change in weight
- Food cravings
- Other

GENERAL

- Insomnia
- Frequent dreams/nightmares
- Depression
- Agitation
- Fatigue
- Aversion to cold
- Frequent urination
- Irritability
- Thirst
- History of psychiatric treatment
- Other

NOSE, THROAT & MOUTH

- Bleeding
- Sinus infection
- Hay fever or allergies
- Sore throat
- Hoarseness
- Difficulty swallowing
- Changes in taste
- Changes in smell
- Oral ulcers
- Other

MUSCLE AND JOINT

- Joint Disorder
- Sore muscles
- Weak muscles
- Difficulty walking
- Spinal curvature
- Backache
- Back pain
- Other

INFECTION SCREENING

- HIV risks: Self or Partner
- TB: Self or Household
- Hepatitis risk: Self or Partner
- History of sexually transmitted disease: Self or Partner
 - Gonorrhea
 - Chlamydia
 - Syphilis
 - Genital warts
 - Herpes: oral/genital

SKIN

- Hives
- Rashes
- Eczema
- Night Sweating
- Excess Sweating
- Dryness
- Bruise easily
- Changes in moles or lumps
- Other

NEUROLOGICAL

- Seizures
- Tremors
- Numbness or tingling of limbs
- Pain
- Paralysis
- Other

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Informed Consent for Treatment

I hereby request and consent to the performance of acupuncture treatment and other procedures within the scope of the practice of acupuncture on me (or patient named below, for whom I am legally responsible) by the acupuncturist named below and/or other licensed acupuncturists who now or in the future treat me while employed by, working or associated with or serving as back-up for the acupuncturist named below, including those working at the clinic or office listed below or any other office or clinic, whether signatories to this form or not.

I understand that methods of treatment may include, but are not limited to acupuncture, moxibustion, cupping, electrical stimulation, tui-na (massage), Chinese herbal medicine, and nutritional and lifestyle counseling.

I have been informed that the acupuncture is a safe method of treatment, but that it may have side effects, including bruising, numbness or tingling near the needling site that may last a few days, and dizziness or fainting. Bruising is a common side effect of cupping. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture including lung puncture (neumo-thorax). Infection is another possible risk, although the clinic uses sterile disposable needles and maintains a clean and safe environment. Burns and/or scarring are a potential risk of moxibustion. I understand that while this document describes the major risks of treatment, other side effects and risks may occur.

The herbs and nutritional supplements (which are from plant, animal, and mineral sources) that have been recommended are traditionally considered safe in the practice of Chinese medicine, although some may be toxic in large doses. I understand that some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue.

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

I will notify the acupuncturist who is caring for me if I am or become pregnant.

I do not expect the clinic or acupuncturist to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the clinic staff to exercise judgment during the course of the treatment which the acupuncturist thinks at the time, based on facts then known, is in my best interest. I understand that results are not guaranteed.

I understand the clinic staff to be able to review my medical records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

By voluntarily signing below, I show that I have read, or have had read to me, this consent for 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 conditions(s) for which I seek treatment.

To be completed by patient (or patient's representative)

Print name

Name of practitioner

X Signature

Signature of practitioner

Date

Date