1010 Fair Avenue, Suite D
Santa Cruz, CA 95060

831-425-1383
fluxacupuncture.com

PATIENT INFORMATION

Date _____

Name _____

Address _____

City, State, Zip _____

Age _____ Birthdate _____

Occupation _____

How did you hear about us? _____

First time getting acupuncture? _____

CONTACT INFORMATION

Phone Number _____

Email _____

Best way to reach you? _____

Emergency Contact Person:

Name _____

Phone Number _____

Relationship _____

Would you be interested in receiving our email newsletter? **Yes / No**
(Specials, Schedule changes, Health info)

HEALTH HISTORY

What are your primary reasons for seeking treatment?

1. _____
2. _____
3. _____

Medications/Supplements you take:

_____

_____

Major illnesses, accidents or surgeries:

_____

_____

Primary Care Physician _____

Phone Number _____

How long since last exam? _____

Check illnesses that have occurred in blood relatives:

☐ Heart Disease ☐ Hypertension ☐ Auto-Immune
☐ Stroke ☐ Cancer ☐ Diabetes ☐ Kidney Disease

How is your sleep?_____

_____

How is your digestion? _____

_____

What is your exercise routine? _____

Would you like support in reducing/eliminating any addictive habits? _____

Check those you have or have had in the last year:

- ☐ Depression/Anxiety
- ☐ Difficulty coping with stress and emotions
- ☐ Difficulty concentrating or focusing
- ☐ Overwhelmed by life
- ☐ Excessive Worry/Fear
- ☐ Easily Angered/Irritable
- ☐ Loss of Sleep/Poor Sleep
- ☐ Headaches
- ☐ Dizziness or Fainting
- ☐ Loss or gain of weight
- ☐ Fatigue/Tiredness
- ☐ Major change in overall health

Check symptoms you have or have had in the last year:

Neurological

- ☐ Seizures, Tremors or Poor Coordination
- ☐ Confusion or Poor Memory
- ☐ Tingling or Numbness
- ☐ Paralysis

HEALTH HISTORY (continued)

Check symptoms you have or have had in the last year:

Muscles / Joints / Bones

- ☐ Swollen Joints
- ☐ Tremors or Cramps

Pain, Weakness, Numbness or Tingling in:

- ☐ Head
- ☐ Neck
- ☐ Jaw
- ☐ Shoulders
- ☐ Arms
- ☐ Elbows
- ☐ Wrists
- ☐ Hands/fingers
- ☐ Back (upper, mid, low)
- ☐ Chest
- ☐ Hips
- ☐ Buttocks
- ☐ Groin
- ☐ Legs
- ☐ Knees
- ☐ Ankles
- ☐ Heels
- ☐ Feet/Toes

Eyes / Ear / Nose / Throat / Respiratory

- ☐ Asthma/Wheezing
- ☐ Persistent Cough
- ☐ Difficulty Breathing
- ☐ Frequent Colds/Flus
- ☐ Enlarged Glands
- ☐ Hoarseness/Sore Throat
- ☐ Earaches
- ☐ Ringing in Ears
- ☐ Eye Pain
- ☐ Blurred or Poor Vision
- ☐ Hay Fever/Allergies
- ☐ Sinus Problems
- ☐ Nose Bleeds

Skin

- ☐ Acne
- ☐ Bruises Easily
- ☐ Rashes/Itching
- ☐ Eczema/Psoriasis
- ☐ Shingles
- ☐ Dry Skin
- ☐ Sweating
- ☐ Non-Healing Sores

Genito-Urinary

- ☐ Blood/Pus in Urine
- ☐ Frequent Urination
- ☐ Burning Urination
- ☐ Urgent Urination
- ☐ Incontinence
- ☐ Kidney Infection
- ☐ Kidney Stones
- ☐ Low Libido

Cardiovascular

- ☐ Chest Pain or Pain Over Heart
- ☐ Hardening of Arteries or Blood Clots
- ☐ High or Low Blood Pressure
- ☐ Previous Heart Attack
- ☐ Rapid/Irregular Heart Beat
- ☐ Poor Circulation (Cold Hands/Feet)
- ☐ Swollen Ankles/Hands
- ☐ Pacemaker

Gastrointestinal

- ☐ Belching, Gas or Bloating
- ☐ Abnormal Bowels or Colon Problems
- ☐ Constipation
- ☐ Diarrhea
- ☐ Excessive Hunger
- ☐ Gall Bladder Problems
- ☐ Hemorrhoids
- ☐ Indigestion or Acid Reflux
- ☐ Nausea or Vomiting
- ☐ Bitter Taste in the Mouth
- ☐ Bad Breath, Mouth Sores or Bleeding Gums
- ☐ Stomachache
- ☐ Poor Appetite

For Men Only

- ☐ Erectile Dysfunction
- ☐ Penile Discharge, Pain or Itching
- ☐ Testicular Lumps
- ☐ Prostate Problems

For Women Only

- ☐ Irregular Menstrual Cycle
- ☐ Bleeding Between Periods
- ☐ Painful Periods
- ☐ Excessive Menstrual Flow
- ☐ Scanty Menstrual Flow
- ☐ Clots in Menstrual Flow
- ☐ Pre-Menstrual Syndrome (PMS)
- ☐ Previous Miscarriage
- ☐ Menopausal Symptoms
- ☐ Breast Lumps

Could you be pregnant? _____

SIGNATURE

The information on this form is correct to the best of my knowledge.

Signature _____ Date_____

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FINANCIAL AGREEMENT

Flux Acupuncture Lounge strives to make alternative health care, as acupuncture and Chinese Medicine, available to as many people as possible at the most affordable rates. Patients are expected to pay for services at the time of treatment. This clinic does not bill insurance, but can provide a receipt to submit for reimbursement upon request.

In respect for our intention to offer high quality health care at affordable prices, we require a 24-hour notice in advance of your appointment to cancel or reschedule. All appointments that are cancelled or rescheduled with less than 24-hour notice, and those that are missed without notice, will be charged a $15 fee. If treatments have been purchased in a package, the missed, cancelled or rescheduled appointment will be deducted from the number of treatments remaining in that package.

Thank you for your understanding,

The Staff at Flux Acupuncture Lounge

Print Name of Patient	Signature of Patient	Date

DOUBLE SIDED FORM - PLEASE TURN OVER

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INFORMED CONSENT TO TREATMENT

I consent to acupuncture and other procedures associated with Chinese medicine at Flux Acupuncture Lounge. I understand that not all patients are appropriate candidates for the treatments listed below and agree to inform my practitioner if I have a severe bleeding disorder, a pace maker, a history of seizures, or if I become pregnant. I will also keep the clinic practitioners informed of my current medications and understand that I am responsible for obtaining appropriate primary medical care, which is not provided by this clinic.

I understand that methods of treatment may include, but are not limited to acupuncture, electrical stimulation, indirect moxibustion, infra-red heat, cupping, Tui Na (massage and acupressure), Chinese herbal medicine and nutritional counseling. I have been informed that acupuncture is a safe method of treatment, but that side effects may occur including dizziness or fainting, as well as bruising, numbness or tingling near the needling site that may last a few days. Unusual and rare risks of acupuncture include spontaneous miscarriage, nerve damage, and organ puncture, including lung puncture (pneumothorax). Infection is another rare but potential risk, although this clinic uses sterile, disposable, single-use needles, maintains a clean and safe environment, and adheres to the guidelines of Clean Needle Technique as required by California law. Burns are a potential risk of moxibustion, and bruising is a common side effect of cupping. While this document describes the major risks and side effects of treatment, I understand that other side effects may occur.

Recommended herbs and nutritional supplements are considered safe in the practice of Chinese medicine. I understand that herbs must be prepared and taken according to the instructions and dosages provided. Possible side effects of herbal therapy may include stomachache, gas, nausea, vomiting, diarrhea, headache, rash or hives. I will notify my practitioner immediately if any unpleasant effects associated with herbal therapy occur. I understand that some herbs may be inappropriate during pregnancy or when taken in conjunction with certain pharmaceutical medications. I will notify my practitioner immediately of any possible or actual pregnancy, as well as any changes with my medication.

I understand that Flux Acupuncture Lounge does not guarantee therapeutic success in association with a specific modality or series of treatments. I understand that all of my questions regarding procedures will be answered and that I am free to withdraw my consent and discontinue treatment at any time.

By voluntarily signing below I show that I have read this consent form, have been informed about the possible risks of treatment, 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 condition(s) for which I seek treatment.

Print Name of Patient	Signature of Patient	Date

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