



## EAST COUNTY ACUPUNCTURE

2160 Fletcher Parkway, Suite M, El Cajon, CA 92020  
619/602-3366

### PATIENTS PERSONAL HISTORY

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth / /

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Insurance Company \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

How were you referred to our office? \_\_\_\_\_

Have you ever had acupuncture? Yes No

If yes, condition treated \_\_\_\_\_

Have you ever been diagnosed with any of the following Hepatitis Yes No HIV Yes No

### Please list any prescription medications

Medications \_\_\_\_\_

\_\_\_\_\_

List any substances you are allergic to

\_\_\_\_\_

\_\_\_\_\_

List any conditions you would like us to focus on

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Practitioner Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

It is very important in Chinese Medicine to know how long a patient has experienced his/her symptoms, thus it is essential to indicate time on the symptoms.

Indicate with one check any condition that you sometimes experience, use two checks for those which occur often, and three checks for symptoms that are a major concern.

#### **WATER ELEMENT**

- Hearing loss
- Dizziness
- Lower back ache
- Neck pain
- Sinus congestion
- Edema
- Emotional instability
- Aversion to cold
- Hair thinning or loss
- Premature aging
- Frequent urination
- Kidney stones
- Perspire easily
- Weakness of legs/knees
- Asthmatic cough
- Rapid weight change
- Loose teeth
- Reduced sexual energy
- Thyroid problems
- Diabetes

#### **WOOD ELEMENT**

- Headaches
- Migraines
- Ringing in the ears
- PMS
- Irregular periods

- Eczema
- Herpes simplex
- Lower back ache
- Warts
- Nervousness
- Convulsion, spasms
- Irritability
- Constipation
- Hemorrhoids
- Hepatitis
- Ulcer
- Vomiting
- Gallstones
- Indecisive
- Fullness below ribs
- Shoulder pain/tension
- Insomnia

#### **FIRE ELEMENT**

- Dry scalp
- Skin eruptions, rashes
- Cysts, tumors
- Ear infections
- Sore throat, tonsillitis
- Lymphatic swelling
- Hot palms and soles
- Strong appetite
- Flatulence
- Heart palpitations

- Aversion to heat
- Gum problems
- Nose bleed
- Itching/burning skin
- Hot hands/feet
- Thirst
- Vivid dreams
- Dark urine
- Stomach ulcer
- Diarrhea
- Sores in mouth
- Heart burn

#### **EARTH ELEMENT**

- Stomach ache
- Abdominal bloating
- Nausea
- Weak appetite
- Flatulence
- Muscle spasms
- Fatigue

#### **METAL ELEMENT**

- Bronchitis
- Asthma
- Cough
- Sinusitis
- Shortness of breath

## CONSENT TO 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 on the patient named below, for whom I am legally responsible) by the acupuncturist Ida D. Candelaria, L.Ac., 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, including those working at the clinic or office listed below or any other office or clinic, whether signatures to this form or not.

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

I have been informed that acupuncture is a generally safe method of treatment, but that it may have some side effects, including bruising, numbness or tingling near the needling sites that may last a few days, and dizziness, or fainting.. Bruising is a common side-effect of cupping. Unusual risks of acupuncture include spontaneous miscarriages, organ puncture, including lung puncture (pneumothorax), although the clinic uses sterile disposable needles and used once then put in a biohazard container..

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 will notify a clinical staff member who is caring for me if I am or become pregnant.

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

I understand the clinical and administrative staff may review my patient records, 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, the above consent to 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 condition(s) for which I seek treatment.

PATIENT SIGNATURE X \_\_\_\_\_

(indicate relationship if signing for patient) \_\_\_\_\_

Date \_\_\_\_\_

## CANCELLATION POLICY

We require a 24 hour notice to the cancellation of your scheduled appointment. If you are unable to keep your appointment, please contact us as soon as possible to make that time available to someone else.

If we don't hear from you or you are unable to meet our 24 hour notice, we regrettably have to charge you a \$25.00 cancellation/no show fee.

Name \_\_\_\_\_

Date \_\_\_\_\_