



Welcome to Handcrafted Healing - Acupuncture

2011 1st Ave N, Saint Petersburg FL 33713
727-914-7318
(MA 35393)

Legal Name: _____ DOB: _____ Age: _____

Preferred Name: _____ Preferred Pronoun: SHE HIM THEY

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Occupation: _____ Activity Level (1-10) _____

How did you hear about us? _____

Have you had professional Acupuncture before? _____ When was your last? _____

Do you smoke? _____ Do you follow any particular diet? _____

How much do you drink alcohol? Never rarely socially more than 3 times a week

Primary Health Concerns

How long have you had it?

What kind of treatments have you tried? _____

List any medications (including over the counter) vitamins and herbs you currently are taking:

Do you tend to have reactions to medicines? _____ Do you have any metal implants or pacemaker? _____

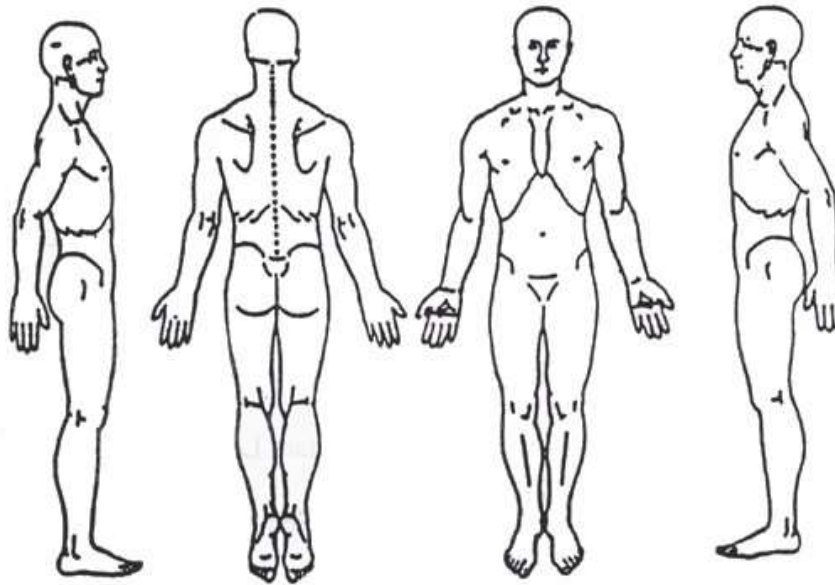
List any surgeries, car accidents, and significant traumas (physical or emotional) in your life:

List any allergies, intolerance, and sensitivities in the table below.

Do NOT include allergies to medications.

Things you EAT	Things you BREATHE		Things you TOUCH

PLEASE CIRCLE AREAS OF DISCOMFORT



Your Pain is:

- constant
- comes and goes
- numb
- tingling
- stabbing
- dull
- getting worse
- getting better

Pain is getting worse with:

- cold
- heat
- movement
- sitting or standing
- rising from bed
- end of the day
- stormy weather

Pain improves with:

- Cold
- heat
- massage or pressure
- movement
- rest

Circle the symptoms you currently have & Check the symptoms you no longer have:

ENERGY:

Fatigue
weakness or heavy limbs
drowsiness
high energy
jittery
changes in libido

SLEEP:

waking up frequently
difficulty falling asleep
difficulty falling back asleep
bad or vivid dreams
wake up tired

NEUROLOGICAL:

panic attacks
anxiety
depression
mood swings
problems with focus
numbness/tingling
tremors

HEAD:

Headaches
Migraines
Dizziness
Ringing in the ears
Memory loss
Teeth Grinding/TMJ
Scratchy or itchy throat

NOSE:

congestion
sinus infections
postnasal drip
bleeding

EYES:

blurry eyes
redness
itching

LUNGS:

Frequent colds or flu
Asthma
Bronchitis
Pneumonia
Shortness of breath

HEART:

high blood pressure
low blood pressure
chest pain
palpitations
fainting

CIRCULATION:

cold hands or feet
Raynaud's Syndrome
bruising or bleeding
swelling or edema
numbness or tingling

SKIN:

Rashes / Hives / itching
Dryness
Acne
Eczema
Psoriasis
Excessive sweating
Night sweats

DIGESTION:

heartburn
nausea
sour belching
ulcers
bloating / gas
abdominal pain
diarrhea or loose stools
Constipation
gallstones
Food intolerances
diabetes

FEMININE:

PMS
heavy periods
painful periods
irregular periods
in menopause
hot flashes
hysterectomy
fibroids
breast cancer
number of children __
top surgery

URINATION:

Frequent
Difficult
Painful
Waking to urinate
Kidney stones
Prostate swelling

Acupuncture Information and Informed Consent

Voluntary

I hereby voluntarily consent to be treated with Acupuncture & all modalities used under the umbrella of Oriental Medicine (guasha, cupping, acu-point injection therapy, fire-cupping, electro-acupuncture, herbal medicine, bleeding, tuina, bodywork, tdp heat-lamp therapy, heat therapy, breathwork) by Florida Licensed Acupuncturist at *Handcrafted Healing* I understand that the practice of Acupuncture and Oriental Medicine is not an exact science and there are no guarantees that have been made to me as a result of treatment.

Possible Side Effects/Healing Response

I understand that the treatment may result in certain side effects including local bruising, temporary pain or discomfort at the insertion site, slight bleeding, or fainting. Conventional medical therapy may also be indicated, either in response to an emergency or as deemed necessary at the discretion of a licensed physician.

Medical Referral

I understand that if there is a worsening of my ailment or condition, or if it does not improve within the time estimated by my practitioner, or if a new ailment or condition arises, that I should consult a licensed physician. If you request that the *Handcrafted Healing* Doctor of Acupuncture and Oriental Medicine discuss your case with another healthcare provider we will gladly do so, provided that you have signed a medical release form. This is a professional standard among all licensed healthcare providers.

Infectious Disease/Clean Needle Procedure

I understand that infectious organisms can be carried through the air, through physical contact, and through body fluids. I understand that my Acupuncture Physician uses Universal Precautions to guard against the spread of infection. I understand that *Handcrafted Healing's* Doctor of Acupuncture and Oriental Medicine follows strict clean needle procedures. Only sterile, single-use disposable acupuncture needles are used and discarded in a biohazard container.

Patient Responsibility

I understand that it is my responsibility as a patient to inform the Acupuncture Doctor at *Handcrafted Healing* about all aspects of my health and that as treatment progresses, to inform my Doctor of any changes that occur. I have carefully read and understand the above information. I am aware of what I am signing and have felt free to ask questions.

Patient's Legal Printed Name: _____

Patient's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

CONSENT TO TREAT A MINOR CHILD

I authorize the *Handcrafted Healing* DAOM to administer Acupuncture and Oriental Medicine as deemed necessary to _____ who is my _____ (relationship).

Adult's Signature: _____ Date: _____

Witness Signature: _____ Date: _____