## Citrus Community Acupuncture New Patient Intake

| Name (Print)   | DOB  |
|--|--|
| Full Address   |  |
|  | nail   |
| Have you had acupuncture before? Ho  | w did you hear about our clinic?   |
| Please <u>fill in the blanks</u> and/or <u>circle</u> the un   | derlined options that best apply to you.   |
| PRIMARY complaint (list no more than two): _   |  |
| I have had this complaint for days / v   | veeks / months / years. It comes and goes / is constant.   |
| It is relieved with <u>heat</u> / <u>cold</u> / <u>rest</u> / <u>movement</u>  | t / massage. It is worse with heat / cold / rest / movement / massage.   |
| On the back of this form, please list medi   | cations, surgeries, and any diagnosed medical conditions.  |
| <ul> <li>I sleep well / poorly. I have trouble falling / s</li> <li>I rarely / often have congestion. I have coug</li> <li>I have dry eyes / dry skin / a diagnosed skin</li> <li>My digestion is good / poor. I often have nau</li> <li>I am often / rarely in pain. The pain is constant</li> <li>I have high / moderate / low stress. I often / often / rarely have headaches. The headaches</li> </ul> | hing / runny nose / phlegm in my chest or throat / shortness of breath. condition: usea / vomiting / acid reflux / bloating / diarrhea / constipation. ant / comes and goes. Pain location: urarely get time to do things I enjoy. ne is located: top / back / sides / temples / sinuses / forehead. nod pressure / hypothyroid / hyperthyroid / diabetes / apnea / asthma.  |
|  | : w/ cramping / mood swings / irregular cycle / clots / abnormal bleeding  |
| <ul> <li>I am not pregnant / pregnant.</li> <li>I am menopausal / post-menopausal.</li> <li>I am t</li> <li>I experience impotence / premature ejaculation</li> </ul>  |  |
| Informed Consent and Financial Policy  |  |
| on me by David Bibbey, L.Ac., who is licensed by the I understand that there are some risks to treatment the insertion sight of the needle, dizziness or fainting and all needles used at Citrus Community Acupunction.  | of acupuncture or other modalities within the scope of practice of Oriental Medicine e state of Florida to practice acupuncture. ent, including but not limited to some bruising and/or slight bleeding, some pain at ang, or possible aggravation of pre-existing symptoms. The risk infection is very low ure are sterilized by manufacturer when packaged, single-use only, and disposable. Incture treatment plan with David Bibbey, L.Ac. I understand that results are not |
| guaranteed. I do not expect David Bibbey, L.Ac, to<br>stop treatments at any time. I understand that the<br>of Oriental Medicine. I understand that David Bibber<br>my primary care medical doctor for those services a  | be able to anticipate and explain all outcomes and risks. I understand that I may health evaluation provided to me is an energetic assessment based on the theories y, L.Ac, is not providing Western (allopathic) medical care, and that I should consult nd other routine check-ups.  To payable on a sliding scale of \$15.00-\$35.00, plus a one-time fee of \$10.00 due at  |
| acupuncture treatments provided by David Bibbey,   | policy is to charge \$15.00 for missed appointments.  I have had the opportunity to ask questions, and by signing I consent to receiving L.Ac, or an authorized representative of Citrus Community Acupuncture. I intendent for my present condition and for any future condition(s) for which I seek  |
| Signature  | Date   |
| Emergency Contact Name and Phone   |  |