Power Acupuncture Trish Power L.Ac.

Today's data	Rith Data Age	
bday's date Age Sex: Male Female / Number of children		
Name Sex: □ Male □ Female / Number of children Number of children Marital Status: □ Single □ Married □ Divorced □ Widowed		
City/State/Zip Occupation		
Phone (home)	Employer	
Phone (work)	Emergency Contact: Phone:	
Phone (cell)	Social Security Number	
E-mail	Height:Weight:	
	Primary Doctor:Phone:	
Please check how you heard about our office: □ Referral □ Website / Internet	□ Walk-In / Drive-By □ Yellow Pages	
STOSSICE / INCOME.	I rain in Bino By	
Describe your current problem and when and how it began:	Mark an "X" on the picture where you have pain or other symptoms	
	pair of other symptoms	
Current Complaint (How you feel today):		
0 1 2 3 4 5 6 7 8 9 10	$\{x, y, x\}$	
No Pain Unbearable Pain		
Is this? □ Work Related □ Auto Accident □ N/A		
□ Yes □ No		
□ Yes □ No Have you ever experienced a seizure or fainting?	οίγγ _ο	
□ Yes □ No Do you have a pace maker or any other electrical implant?	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
□ Yes □ No Do you have a bleeding disorder?	()(()	
□ Yes □ No Are you taking anti- coagulants?		
□ Yes □ No Do you have damaged heart valves or other particular risk of	intection?	
□ Yes □ No Do you have Hepatitis A/B/C or HIV/ AIDS?		
Are you currently taking any over-the-counter or prescription medication? — Yes	s □ No If yes, what and why? ————————————————————————————————————	
Major Hospitalizations, Surgeries, and Injuries: Please list all procedures, comp Year Surgery, Illness, Injury	Olications (if any) and dates: Outcome	
Family History (circle if applicable): Cancer Diabetes Hig	h Blood Pressure Cardiovascular Problems/Stroke Arthritis	
Liver/ Kidney Disease Alo	coholism Mental Illness Thyroid Problem	
treatment by Trish Power, L.A.c. for the patient named above. I agree to promp all charges. Payment is due the time of service rendered, unless alternate arrar subject to a cancelation fee of \$50.00. If arrangements have been made to bill medical records to my insurance carrier. I permit a copy of this authorization to	s within the scope of the practice of Acupuncture. I hereby request and consent to tly pay all charges for serviced rendered and accept legal responsibility for any and negements are made prior to treatment. Cancelations less than 24 hrs. notice may be my insurance carrier, I authorize the release of any necessary information including be used in place of the original. I may revoke this authorization at any time in ature I authorize and give consent to Quinn Chiropractic Center to use and disclose	

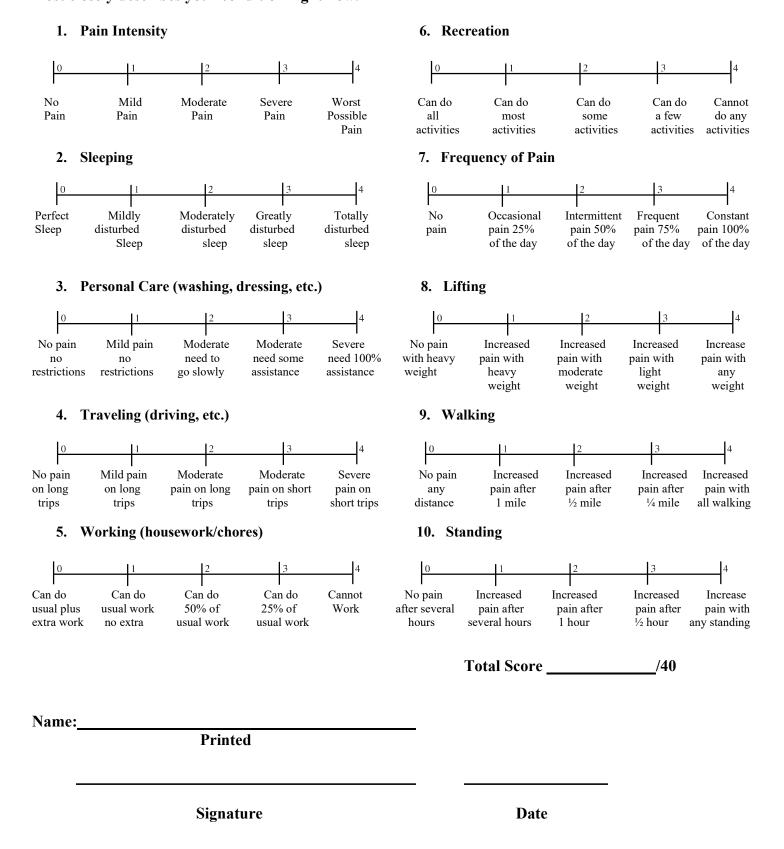
Patient Signature:______ Date:_____

Symptoms: Please check all that apply.	NAME:	D.O.B:	DATE:
_		CARDIOVASCULAR:	GENITO- URINARY:
GENERAL: □ Insomnia	Nose, Throat, & Mouth:	□ High Blood Pressure	□ Pain on Urination
	□ Hay Fever/ Allergies	□ Low Blood Pressure	□ Frequent Urination
□ Irritability	□ Frequent sore throat	□ Chest pain or Tightness	□ Urgent Urination
□ Depression	□ Mouth & tongue ulcers	□ Palpation	□ Blood in Urine
□ Mood Swings	□ Frequent Colds	□ Rapid Heart Beat	□ Unable to hold Urine
□ Fatigue	□ Nosebleeds	□ Irregular Heart Beat	□ Incomplete Urination
□ Poor Memory	□ Dry Nose	□ Poor Circulation	□ Bedwetting
□ Strongly like Cold Drinks	□ Nasal congestion	□ Swollen Ankles	□ Wake to Urinate
□ Strongly like Hot Drinks	□ Loss of voice	□ Phlebitis	□ Increase/ Decreased Libido
□ Recent weight loss/ gain	□ Thirst		
□ Cold hands or feet	□ Excessive phlegm	□ Anemia	□ Kidney Stones
□ Chills/ Fever	□ TMJ	GASTROINTESTINAL:	□ Impotence
HEAD & NECK :	□ Facial Pain	□ Indigestion	MEN:
□ Headaches/ Migraines	□ Gum Problems	□ Stomach Pain	□ Premature Ejaculation
□ Stiff Neck	□ Dry Mouth	□ Constipation	□ Nocturnal Emission
□ Dizziness	SKIN:	□ Diarrhea	□ Pain/ Itching of Genitalia
□ Fainting	□ Hives	□ Poor Appetite	WOMEN
· ·	□ Rashes	□ Excessive Hunger	WOMEN:
□ Swollen Glands	□ Eczema/ psoriasis	□ Vomiting	Last Menstrual Cycle:
EAR:	□ Night Sweating	□ Hiccups	2. Form of Contraceptive:
□ Ringing	□ Dry Skin	□ Acid Regurgitation	
□ Hearing Loss	□ Easy Bruising	□ Bloating/ Gas	PMS SYMPTOMS:
□ Infections	□ Changes in Moles/ lumps	□ Laxative Use	□ Nausea □ Food Craving□ Depression □ Vomiting
□ Earache	□ Itching	□ Bad Breath	□ Irritability □ Headaches □ Water Retention □ Anxiety □ Breast Swelling □ Migraines □ Breast Tenderness
□ Hearing Aids		□ Bloody Stool	
□ Vertigo	RESPIRATORY:	□ Mucus in Stool	□ Other Emotions:
EYES:	□ Difficulty Breathing		
□ Blurred Vision	□ Difficulty Breathing when lying	□ Hemorrhoids	
□ Poor Night Vision	down	□ Gall Bladder Disorder	3. Are you Pregnant?□ Yes □ No
□ Eye Inflammation	□ Wheezing	MUSCULOSKELETAL:	4. Last Pap Smear:
□ Double Vision	□ Asthma	□ Joint Pain/ Disorder	
□ Glaucoma	□ Chronic Cough	□ Sore Muscles	5. Menopause: (Date of onset)
□ Cataracts	□ Wet Cough	□ Weak Muscles	6. Are you on Hormone
□ Dry Eyes	□ Dry Cough	□ Difficulty walking	Replacement? □ Yes □ No
□ Spots or Floaters	□ Coughing up Phlegm		CHECK ALL THAT APPLY:
NEUROLOGICAL:	□ Coughing up Blood	□ Neck/ Shoulder Pain	 □ Urinary Tract Infection □ Vaginal Infection/ Discharge
□ Seizures / Paralysis	□ Shortness of Breath	□ Upper Back Pain	□ Endometriosis □ Pain/ Itching Genitalia
·	□ Tight Chest	□ Lower Back Pain	□ Uterine Fibroids □ Other
□ Tremors	□ Pneumonia	□ Rib Pain	
□ Numbness or Tingling		□ Limited Range of Motion	

□ Poor Coordination

Functional Rating Index

In order to properly assess your condition, we must understand how much your **neck and/or back problems** have affected your ability to manage everyday activities. For each item below, **please circle the number which most closely describes your condition right now.**



PATIENT INFORMATION

Acupuncture is a form of therapy in which fine needles are inserted into specific points in the body. Acupuncture is very safe. Single use, sterile, disposable needles are used in the clinic. Serious side effects are rare, less than one per 10,000 treatments. Possible side effects are:

- Drowsiness may occur after treatment in a small number of patients. If you feel drowsy, you are advised not to drive.
- Minor bleeding or bruising occurs after acupuncture 3% of treatments.
- Symptoms can get worse after treatment before it gets better (less than 3% of patients). You should tell me if this occurs, so your treatment plan may be adjustment accordingly.
- Pain during treatment occurs in about 1% of treatments.
- A needle may occasionally be overlooked and not removed, please check before leaving.

Please keep these things in mind regarding acupuncture treatment:

- While needles are in place, do not change your position or move suddenly.
- Wear comfortable, loose clothing.
- Maintain good personal hygiene
- Avoid treatment when excessively fatigued, hungry, full, or emotionally.
- I am unable to treat patients who are intoxicated and/or abusing substances.

While receiving acupuncture treatment, please feel free to communicate with me if you are experiencing discomfort during the needling process, as this will enable me to adjust needles to maximize your comfort during treatment.

Everyone responds to treatment differently, therefore, I cannot guarantee the outcome of treatment. Some individuals experience total or partial relief of their symptoms after the first few treatments. Others notice steady, gradual improvement. In some cases, no relief is felt at all until after several days go by. Occasionally, some people notice that their pain actually seems to be worse before it gets better. Let me know how you responded to the last treatment so that I can adjust your treatment plan.

Other procedures may be used in addition to, or instead of acupuncture:

- Electro Acupuncture uses an extremely mild electrical current attached to specific acupuncture needles to enhance the effect of the treatment. You can expect to feel a slight tingling sensation that will not be painful.
- Cupping (usually on the back) creates suction using small glass cups to release "stagnation" and "congestion". There is some bruising that results and lasts several days.
- Moxibustion (Moxa) uses a dried herb in a cigar-like form, which is burned to warm and tonify specific points.
- Shiatsu massage is a Japanese form acupressure that most people find very relaxing and may be used alone, or with other procedures.
- Chinese herbal formulas are individualized for your specific condition and are usually dispensed in capsules, pills, or granular form to be reconstituted in hot water.
- Other supplements of lifestyle and diet changes may be recommended to enhance the effect of the treatment.
- Ear seeds/ tacks may be placed in specific acupuncture points or on the ear to help continue the effects of the treatment. Please press **GENTLY** on these points several times daily.

I will work with you to provide the most comfortable and effective treatment for your condition. Please let me know of any concerns you may have or any changes you would like to your treatment plan.