

Momentum Health Acupuncture Intake Form

Health Goals/Concerns:

What main health goal/concern brought you to the clinic today?

How long have you had it? _____

Describe any factors you suspect may have played a role in the onset and perpetuation of your condition:

Previous practitioners consulted for this condition: __MD __ND __Other

Please explain their diagnosis, therapy and results where applicable:

Medical History:

Describe your general state of health: __Excellent __Good __Fair __Poor

For the following tables, please use the back of this page if more room is required:

Medical Conditions: Please indicate any hospitalizations, surgeries and injuries you have experienced:

Hospitalization, Surgery, Injury Date

Allergy/Sensitivity Symptoms

Please list ALL medications or supplements you take on a regular basis:

For Women:

Age of first period: _____ Number of pregnancies: ____ Number of children: _____

Is your menstrual cycle regular? __Y__N

Average days of entire cycle: _____ How many days does your period last? _____

What colour is the flow? __Bright Red __Pale Red __Dark Red __Purple

Is the flow: __Heavy __Light __Normal __Brown

Are there clots? __Y__N

Which of the following pre-menstrual symptoms do you experience?

__Breast Distention __Water Retention __Nausea __Constipation

__Breast Tenderness __Headaches __Vomiting __Diarrhea __Food Cravings

__Migraines __Diarrhea __Depression __Irritability __Anxiety __Cramping

Age of last period: _____ Please describe symptoms related to menopause:

Other:

Is there anything else that you feel is important that hasn't been addressed on this form?

Informed Consent:

As a patient of the Okanagan Natural Care Centre, I hereby acknowledge that I am willing to provide my practitioner with the information necessary for them to fully understand my medical history, presenting symptoms, and the health goals I wish to achieve in our work together. I thereby consent to a thorough case history and TCM diagnosis.

I understand that the Okanagan Natural Care Centre will keep a record of my personal health information and of the services provided to me. This record will be kept confidential and will not be released to others unless so directed by myself or unless required by law. I understand that the Okanagan Natural Care Centre will act as the Health Information Custodian for my personal and health information.

I understand that Traditional Chinese Medicine & Acupuncture can be employed in conjunction with other forms of therapy and need not be considered exclusively beneficial. I acknowledge that one method of treatment need not be chosen over others and that various methods often work best in conjunction with one another. I recognize that even the gentlest forms of treatment potentially have their risks and complications. The risks associated with Traditional Chinese Medicine & Acupuncture include, but are not limited to, aggravation of pre-existing symptoms, allergic reactions to herbs or interactions with prescription medications, and pain, bruising, fainting or injury from acupuncture or moxibustion.

As with all forms of therapy, I understand that Traditional Chinese Medicine & Acupuncture also has its limitations and thus I understand that the results are not guaranteed. Nor do I expect my practitioner at the Okanagan Natural Care Centre to be able to anticipate and explain all risks and complications prior to treatment.

With this knowledge, I voluntarily consent to Traditional Chinese Medicine & Acupuncture and I intend for this consent form to cover my entire course of treatment. I understand that I am free to withdraw my consent at any time.

Patient name (Please print): _____

Signature of Patient or Guardian: _____

Date: _____

NOTES
