

**Acupuncture Intake**

**Name:** \_\_\_\_\_  Male  Female **Today's Date:** \_\_\_\_\_

**Date of Birth:** \_\_\_ / \_\_\_ / \_\_\_ **Age:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **SS #** \_\_\_\_\_

**Marital Status:**  Married  Single  Divorced  Widowed **Student Status:**  Full time  Part Time  Non-student

**Race:**  American Indian or Alaska Native  Asian  Black  Caucasian  Pacific Islander  Other  Declined

**Ethnicity:**  Hispanic  Non-Hispanic  Declined **Preferred Language:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
 Street / P.O. Box City State Zip Code

**E-Mail:** \_\_\_\_\_ **How did you hear about us?** \_\_\_\_\_

**Employment Status:**  Full Time  Part Time **Occupation:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

Are you:  Working without restrictions  Working With Restrictions  Not working/ off since: \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Primary Care Doctor:** \_\_\_\_\_

**Are you seeing us for an injury from:**  Auto  Work  Sports Injury  No Injury  Other: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Insurance Information:** Please bill:  Auto Insurance  Workman's Comp.  Health Insurance  Self Pay

**Financial Awareness and Consent:** I understand that I am financially responsible, whether or not my insurance company pays, for all charges incurred by me. I hereby assign my major acupuncture benefits to Scott Family Health\*. I understand that any accounts that are 90 days overdue are subject to collection proceedings, regardless of case type. **PLEASE NOTE: Most insurance companies do not cover acupuncture. We are willing to bill only *qualifying* health insurance plans for acupuncture services. Acupuncture charges are \$90.00 for the initial visit and \$75.00 for subsequent visits (subject to change). Payment for treatment is required at the time of service.**

**Release of Records:** I authorize Scott Family Health\* to release all health records necessary for my treatment and/or evaluation.

**Cancellation Policy:** I understand that I will be responsible for 50% of an office visit (\$37.50-- subject to change) for failure to cancel or reschedule my appointment with at least 24 hours notice. Please also be aware that any patients arriving late for their scheduled appointment may be required to shorten their treatment time, wait until the next available opening, or reschedule their appointment and thus be subject to the above stated cancellation policy. Thank you for your cooperation.

**Acupuncture Disclosure Statement:** The practice of acupuncture is regulated by the Department of Regulatory Agencies. Any complaints should be directed to: Director of the division of Registrations in the Department of Regulatory Agencies: 1560 Broadway Suite 1310 Denver CO 80202. Phone: 303-894-7758. All rules and regulations set forth by the Department of Health are strictly adhered to by Michah Stephens and Ashley Johnson including the use of single use disposable needles and the proper cleaning and sterilization of equipment in the office. In a professional relationship, sexual intimacy is never appropriate and should be reported to the Director of the Division of Registration in the department of Regulatory Agencies. Patients are entitled to ask for and receive information about methods of therapy, techniques used, and duration of treatment if known. Patients are encouraged to seek a second opinion from another medical professional and may terminate treatment at any time. The following licenses and certifications are currently held by Michah Stephens and Ashley Johnson and have never have been suspended or revoked.

**Education and Professional Credentials**

Michah Stephens and Ashley Johnson: Southwest Acupuncture College; Boulder, Colorado:  
 Master of Science in Oriental Medicine.

Michah Stephens Graduated 2003, 4 year program, 2800 hours. Ashley Johnson Graduated 2005, 4 year program, 2800 hours.

Michah Stephens: Colorado School of Healing Arts; Littleton, Colorado:  
 Certified Massage Therapist, 1999, 1 year program, 700 hours

**Licenses and Registration**

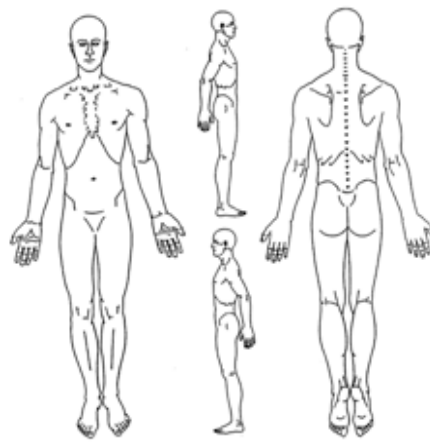
National Certification Commission for Acupuncture and Oriental Medicine:

Michah Stephens Diplomate in Acupuncture 2003. Ashley Johnson Diplomate in Acupuncture 2005.

Patient/ Responsible Party's Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

**Musculoskeletal:** Please check all that apply and indicate where your pain is located on the diagram to the right.

- Neck/ Shoulder Pain
- Back pain
- Joint pain
- Rib pain
- Limited range of motion
- Pain limiting daily activities
- Other \_\_\_\_\_



What is the reason for your visit today? \_\_\_\_\_

How long have you had this condition? \_\_\_\_\_

What was the *initial* cause? \_\_\_\_\_

What makes it *better*? \_\_\_\_\_

What makes it *worse*? \_\_\_\_\_

Have you ever had: Acupuncture? Y/ N    Massage? Y/ N    Chinese Herbal Medicine? Y/N

**Please mark all boxes that apply.**

**Past Medical History:**

- AIDS/ HIV
  - Alcoholism
  - Allergies
  - Asthma
  - Cancer
  - Chicken Pox
  - Diabetes
  - Emphysema
  - Gout
  - Heart Disease
  - Hepatitis
  - Hernia
  - Herpes
  - High Blood Pressure
  - Measles
  - Multiple Sclerosis
  - Pace Maker
  - Pleurisy
  - Pneumonia
  - Rheumatic Fever
  - Scarlet Fever
  - Seizures
  - Stroke
  - Thyroid Disorder
  - Ulcers
- Do you have any metal in your body? Y/N

**General Symptoms**

- Recent weight loss
- Recent weight gain
- Bleed easily
- Bruise easily
- Fatigue
- Cold hands
- Cold feet
- Muscle Cramps
- Appetite strong
- Appetite weak
- Night sweats
- Vertigo
- Dizziness
- Sweat Easy
- Cold body temp.
- Hot body temp.
- Poor sleep

**Respiratory**

- Shortness of breath
- Asthma
- Wheezing
- Cough: wet or dry, color of phlegm \_\_\_\_\_
- Coughing Blood
- Tightness in chest

**Gastrointestinal**

- Nausea
  - Vomiting
  - Acid regurgitation
  - Hiccup
  - Bad breath
  - Gas
  - Bloating
  - Diarrhea
  - Constipation
  - Black stools
  - Bloody stools
  - Mucous in stools
  - Intestinal pain
  - Intestinal cramping
  - Hemorrhoid
- Bowel movements:  
How many times per day \_\_\_\_\_  
Color \_\_\_\_\_  
Texture (formed, loose, dry)

**Genito-Urinary**

- Painful urination
- Incomplete urination
- Nocturnal emission
- Unable to hold urine
- Kidney stone
- Frequent Urination
- Wake to urinate
- Impotence
- Decreased libido
- Increased libido

**Neuropsychological**

- Numbness
- Poor Memory
- Depression
- Tics
- Irritability
- Considered suicide
- Attempted suicide
- Seizures
- Easily Stressed
- Anxiety
- Abuse survivor

**Skin and hair**

- Rashes
- Fungal Infections
- Eczema
- Dry skin
- Dandruff
- Psoriasis
- Acne
- Itching

**Gynecology**

- Irregular periods
  - PMS
  - Vaginal Discharge
- Color: \_\_\_\_\_
- Strong odor
  - History of miscarriage
  - Spotting
- Duration of flow: \_\_\_\_\_  
Length of Cycle: \_\_\_\_\_  
Does this fluctuate? \_\_\_\_\_  
Date of last period: \_\_\_\_\_  
# of pregnancies: \_\_\_\_\_  
# of live births: \_\_\_\_\_  
Age at menopause: \_\_\_\_\_

**Other Surgeries/Trauma**

\_\_\_\_\_  
\_\_\_\_\_