

Paula Woodward ♦ RTCMP. Registered Acupuncturist

Third Space Wellness
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Kelowna, BC
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236-420-4359

Confidential Intake Form

Every detail allows me to help you achieve optimal health. Please be as thorough as possible.

Thank you.

Personal Information

Today's Date: _____

Name: _____

Date of Birth: _____ Age: ____

Address: _____

Height: ____ Weight: ____ Sex: M / F

Phone: _____

Email: _____

Contacts

Physician(s) Information:

Name: _____

Phone: _____

Emergency Contact:

Name: _____

Relation: _____

Typical Diet

Breakfast _____

Snack _____

Lunch _____

Snack _____

Dinner _____

Medical Information

Health Conditions (please check all that apply. If you experienced them in the past please indicate with a P as well as the date it occurred):

AIDS__	German Measles__	Miscarriages__
Alcoholism__	Goiter__	Multiple Sclerosis__
Allergies__	Gout__	Mumps__
Anemia__	Heart Disease__	Obsessive Compulsive Disorder__
Anorexia__	Hepatitis A__	Osteoarthritis__
Appendicitis__	Hepatitis B__	Osteomalacia__
Arteriosclerosis__	Hepatitis C__	Osteoporosis__
Asthma__	Hernia__	Parkinson's__
Bleeding Disorder__	Herpes Simplex 1__	Pneumonia__
Bronchitis__	Herpes Simplex 2__	Polio__
Bulimia__	High Blood Pressure	Prostate Disorders__
Cancer__	High Cholesterol__	Psoriasis__
Candidiasis__	Hyperglycemia__	Psychiatric Care__
Cataracts__	Hypoglycemia__	Rheumatic Fever
Chicken Pox__	Hyperthyroidism__	Rheumatic Arthritis__
Chronic Fatigue__	Hypothyroidism__	Seizures__
Chronic Pain__	Jaundice__	Stomach Ulcers__
Convulsions__	Kidney Disorder__	Stroke__
Depression__	Liver Disorder__	Tonsillitis__
Diabetes__	Low Blood Pressure__	Tuberculosis__
Eczema__	Lupus__	UTI__
Emphysema__	Measles__	Venereal Diseases__
Epilepsy__	Menstrual Disorders__	Other _____
Gallbladder Problems__	Migraines__	

Allergies (Please list):

Hospitalizations (Please note circumstances and dates):

Medications and Supplements (including herbal remedies):

<u>Medication and/or Type</u>	<u>Dosage</u>	<u>Medication and/or Type</u>	<u>Dosage</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Past Medications (Please list and include what they were for and when you took them):

Acupuncture Consent From

Acupuncture is generally a very safe procedure if performed by a trained professional. Acupuncture encourages the body to restore itself to its own natural balance. Because we are all individuals each person's expression of how this happens will be different. You may experience some or none of the following, as they are the most common minor ill effects:

1. Mild Bruising or bleeding.
2. Local pain at insertion point.
3. Nerve numbness (temporary usually subsides within a day)
4. Aggravation of symptoms (please ask your practitioner if there is a concern).
5. Tiredness after treatment
6. Nausea
7. Faint/Dizziness

Only disposable sterile needles are used at this clinic (used once and then disposed). This eliminates the risk of Hepatitis B and C as well as AIDS transmission. Patient will commonly feel soreness, numbness and/or heaviness during treatment but report a feeling of wellbeing and relaxation directly after treatment.

There are rare but serious health problems that have been reported. In a survey of 10,000 treatments, looking for adverse reactions or events related to acupuncture, no major reactions were reported. Possible complications can include:

1. Joint infection can occur if bacteria are introduced to the joint via the needle. Sometimes it is necessary to go intra-articularly (into the joint), if there are bacteria on the skin it can make the joint more susceptible to infection. We always clean the surface of the skin prior to insertion.
2. Nerve damage as some points are over major nerves.
3. Pneumothorax (collapse of the Lung). Some points are located on or around the lungs. If the needle is inserted too deeply it can pierce the Lung and cause pneumothorax. We adhere to strict needling guidelines and practices to avoid such misfortunes.
4. Needle Breakage at stem of needle – very rare.

We caution or restrict the treatment of acupuncture to the following:

1. Pace makers – for this reason we restrict the use of electro stimulation over the Heart.
2. Pregnancy – we avoid certain points in this instance.
3. Patients who are hungry, drunk or "out of it" etc. Please be sure to eat a light meal an hour prior to your treatment.

Please Note: Your appointment time has been reserved for you. In courtesy of your therapist & fellow patients we ask that you provide us with **48 hours notice of change or cancellation for initial appointments and 24 for follow up appointments or you will be charged the full fee of service.**

I have read and understood the above and hereby give consent to Paula Woodward T.C.M.P, to perform acupuncture on me.

Date: _____ **Signature:** _____

