

Welcome to Acupuncture Health Company!

I am Stacy Hewitt, Licensed Acupuncturist, Licensed Massage Therapist and owner of Acupuncture Health Company. I'm very happy that you have chosen me to be your complementary health care provider. I'm excited about the new partnership we are about to embark on together to bring you to optimal health and wellness.

In this packet you will find several forms. Please print, read and fill them out prior to your first appointment. By bringing these COMPLETED forms to your first appointment we will be able to spend more time together for treatment. Included you will find: a Welcome Letter, an Acupuncture Fact Sheet, a New Patient Intake and an Office Policy Form.

Most people know how effective acupuncture is for treating pain, but the treatment of pain is only the "tip of the iceberg" for the endless list of health concerns for which acupuncture is effective. I've included a one page list of some of the health issues acupuncture can assist with. Some of the health issues on the list may surprise you. If anything resonates with your current health condition, please make sure to bring them up, or if you see something on the list that might benefit someone you know, please pass on the list or talk to them about the possibilities of treatment through acupuncture. At Acupuncture Health Company we strive to provide the highest quality of health care and spread optimal health and wellness as far as we can.

Here are few suggestions to prepare for your treatment:

- Eat a light meal or snack a few hours prior to your visit. Acupuncture is not performed on individuals who are fasting.
- Avoid alcohol on the day of your treatment.
- Wear loose, comfortable clothing. Many of the acupuncture points that are commonly used are located between the wrists and elbows and the ankles and knees. You will be more comfortable if your clothing can be easily rolled up to your elbows and knees.
- Please bring a list of current medications you are taking and/or any lab reports that are relevant to your condition
- Please bring your date book or calendar. Depending on the chronicity and severity of your health issues you may need 2-5 treatments. My appointments get booked quickly. Please be prepared to schedule your appointments at the end of our session, so we can maintain continuity and a successful progression towards your health goal.
- I accept cash and check as payment. I **do not** accept credit cards.

Thanks again for taking the time to fill out your paperwork prior to treatment. I look forward to meeting with you and formulating a individualize plan to optimize your health and wellness!

Sincerely,
Stacy Hewitt, L.Ac. #688, LMBT #1607

Acupuncture can help with the following:

<p>Anxiety & Depression Arthritis, Tendonitis, & Joint pain Asthma & Allergies Bladder & Kidney Infections Cardiac Palpitations (Irregular Heartbeat) Chronic Fatigue Syndrome Common Cold & Influenza Constipation Degenerative Disk Disorders Diet, Nutrition, & Weight Control Fibromyalgia Headaches & Migraines Heartburn Hypertension (High Blood Pressure) Indigestion, Gas, Bloating, Constipation</p>	<p>Insomnia Low energy Menopause Symptoms Musculoskeletal pain Nausea Neuropathy Orthopedic Conditions Pain PMS & Menstrual Irregularity Smoking Addiction Sports Injuries Tension / Stress Syndromes Tinnitus Work and Auto Injuries</p>
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Women's Health, Fertility & Pregnancy

<p>Anemia Gestational diabetes High blood pressure (pre-eclampsia) Labor issues: pre-term labor, delayed labor Labor pain Lactation problems PUPPs & other pregnancy-related skin conditions Certain types of threatened miscarriage Nausea, vomiting, and hyperemesis gravidarum postpartum depression Symphysis pubis pain Irregular Menstruation PMS / Painful Menstruation Depression, Mood Swings Delayed Menstruation Thyroid Dysfunction</p>	<p>Headache / Migraine Menopause / Peri-menopause Hormone Imbalance PCOS (polycystic ovaries) Endometriosis Acne / Skin Conditions Leukorrhea Abnormal Uterine Bleeding Uterine Fibroids Prenatal / Pregnancy Care PreBirth Acupuncture Postpartum Care</p>
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Children's Health

<p>Allergies Sinus congestion Respiratory issues Low immunity or frequent colds Sleeping issues and insomnia Nightmares and night terrors Excessive night crying ADD, ADHD Anxiety Bed wetting Digestive issues and abdominal pain Indigestion, GERD, and Acid reflux</p>	<p>Nausea and vomiting Constipation Skin issues, rashes, eczema, cradle cap Ear infections (especially reoccurring) Teething pain Body pain/Growing pains Weak constitutions or failure to thrive Colic Temper tantrums Diarrhea High Fever Strep throat</p>
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These are some of the conditions that acupuncture can help. Please review or pass along to a friend. If you do not see your health concern above, please call for a free consultation.

Acupuncture Health Company – New Patient Questionnaire

PATIENT DATA

Date: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: (H) _____ (W) _____ (C) _____

Email: _____

Occupation: _____ Name of Employer: _____

Date of Birth: _____ Age: _____ Sex: Male Female

Circle one: single partnered married separated divorced widowed

Referred by: _____

Please list your current primary care physical and any other specialist or therapist you may be seeing:

Name	Address	Contact Number

Please list any Current Western Medical Diagnosis:

Which of the following have you experienced before? Circle all that apply.

- Acupuncture Herbal Medicine Chiropractic Massage
- Dietary Consultation

Acupuncture Health Company – New Patient Questionnaire

PRIMARY CONCERN(S)

- 1.
- 2.
- 3.

MEDICAL HISTORY

A. Medication(s): List all prescribed (allopathic) drugs, non-prescribed medications, vitamins, herbs, etc... you are taking and stating what you are using them for.

Medication	Dose	Condition Treated

Have you ever been on any muscle/tendon compromising antibiotics such as Cipro, Levaquin, Avelox, Floxin or Noroxin? No _____ Yes _____ If yes, when? _____

Are you on any type of blood thinners (for example: Coumadin (warfarin), Dicumarol (dicumarol), Miradon (anisinidione), Pradaxa (dabigatran)? No _____ Yes _____

B. Do you use or do any of the following on a regular basis? Circle all that apply.

- Alcohol Tobacco Drugs Coffee/Tea Exercise Soft Drinks Sugar
- Soy Products Wheat/Gluten Vegetarian Diet

C. List any hospitalizations, accidents, and past illnesses. Include dates and your age at the time.

- 1.
- 2.
- 3.

D. List any serious diseases in your FAMILY HISTORY, such as cancer, diabetes, hypertension, heart disease, etc...

Mother: _____

Father: _____

Grandparents: _____

Grandparents: _____

E. Do you currently have, or have you ever had:

Acupuncture Health Company – New Patient Questionnaire

fainting easily bruising easily slow blood clotting brittle/easily torn skin
 heart problems breathing difficulties
 hepatitis (note type: _____) HIV/AIDS
 high blood pressure (most recent blood pressure reading: (_____ / _____)
 collapsed lung diabetes fear of needles

F. Are you Allergic to any substance or have seasonal allergies? Yes _____ No _____ If yes, please list:

- 1.
- 2.
- 3.

Do you have any allergies to gold? Yes _____ No _____

Please check all that currently apply to your health situation.

MUSCULOSKELETAL

Neck pain	Hip pain	Leg cramps
Back pain	Knee pain	Muscle atrophy
Hand/Wrist pain	Foot/Ankle pain	Muscle pain(s)
Elbow pain	Hernia pain	Muscle spasms
Arm pain	Deformities of bones	Muscle weakness
Shoulder pain	Brittle bones	Areas of numbness & Tingling
Rib pain	Joint swelling	Other:

NEUROPHYSIOLOGICAL/EMOTIONAL

Seizures	Convulsions	Poor memory/Concentration
Regions of numbness	Dizziness	Anxiety
Head injury	Lack of coordination/Balance	Sadness
Bad temper	Low stress tolerance	Weepy
Worry/Over thinking	Fearful	Depression
Mood swings	Suicidal	Paralysis
Confusion	Tremors/Tics	Mental illness

GENERAL

Night sweats	Sleep too much	Dandruff
Fevers/Chills	Insomnia	Rashes
Hot or Cold intolerance	nightmares	Fungal infections
Spontaneous sweating	Bleed or Bruise easily	Psoriasis

Acupuncture Health Company – New Patient Questionnaire

Weakness	Swollen glands	Eczema
Fatigue	Cravings	Itchy or Dry skin
Auto-immune disease	Weight gain/loss	acne
Immune issues, like high ANA	Dental amalgam fillings	Ulcerations
Sudden energy drop, specify time:	Hair loss	Other:

CARDIOVASCULAR

High blood pressure	Irregular heartbeat	Swelling of feet/hands
Low blood pressure	Rapid heartbeat/Palpitations	Blood clots
Chest pain	Fainting	Varicose veins

RESPIRATORY

Asthma	Bronchitis	Sinus congestion
Allergies	Pneumonia	Catch colds frequently/easily
Cough	Difficulty breathing	Nose bleeds
Coughing blood	Production of phlegm, specify color:	Other:

GASTROINTESTINAL

Increased appetite	Bad breath	Mouth sores
Decreased appetite	Belching	Excessive thirst
Nausea	Hiccups	Problems swallowing
Vomiting	Gas	Heartburn/Reflux/Indigestion
Food sits in stomach	Hiatal hernia	parasites
Peculiar tastes/smells	Constipation	Itchy anus
Gallstones	Diarrhea	Food allergies
Hepatitis	Loose stools	Desire for hot/cold foods
Hemorrhoids	Anal fissures	Dark/Light/Bloody stools
Current weight _____ lbs	Rectal pain	Other:

HEAD, EYES, EARS & THROAT

Headaches	Light sensitivity	Earaches
Migraines	Red/Itchy eyes	Ringin in ears
Fainting	Poor night vision	Dizziness
Pressure in eyes/ears	Spots in front of eyes	Sores on lips/tongue
Eye pain	Poor hearing	Grinding teeth

FEMALES

Cycle length: _____ days	Vaginal dryness	Increased/Decreased libido
Days of bleeding: _____ days	Endometriosis	Hot flashes
Heavy/Light periods	Method of birth control:	Night sweats
Menstrual blood color: _____	Number of pregnancies: _____	Sexually transmitted illness
Menstrual pain	Number of children: _____	HPV positive: Yes No
Clots	Number of abortions: _____	Vaginal discharge/sores

Acupuncture Health Company – New Patient Questionnaire

PMS	Difficult birth/caesareans	Breast problems
Polycystic Ovarian Disease (PCOS)	Are you pregnant: Yes No	Age menses began: _____
Irregular/No Period	Date of last PAP: _____	Age at menopause: _____
Female Fertility Issues	Infertility	Number of miscarriages: _____
Anovulation	Luteal phase problems	Pelvic inflammatory disease
Used birth control pills or Depo-Provera	Tested for chlamydia: Yes No	# of IUI or IVF cycles: _____
FSH level _____ AMH level _____	Fibroids Adhesions Cysts	Low progesterone

Males

Prostrate problems	Painful/Swollen testicles	Discharge
Erectile dysfunction	Increased/Decreased libido	Sexually transmitted illness
Male Fertility Issues	Infertility	Varicocele
Undescended testicles	Sperm analysis normal Yes No	Immune issues like antisperm antibodies

List any additional information you would like us to know: _____

Acupuncture Health Company

General Policies

1. We make every effort to keep the cost of care down. To assist this effort, you are expected to pay in full for acupuncture and/or herbs upon completion of each visit. We accept cash or checks. We do not accept credit cards. If payment is not rendered at time of service there will be an additional \$30.00 service charge.

2. Returned checks are subject to a \$30.00 service charge.

3. All patients are seen on an appointment basis. Please call well in advance so we can reserve a time for you. Please be aware that **AT LEAST 24 HOURS NOTICE OF CANCELLATION IS REQUIRED TO AVOID A MISSED/LATE/CANCELLED APPOINTMENT CHARGE** . If you are unable to give us 24 hours advance notice you will be **charged the full amount of your appointment**. This amount must be paid prior to or at your next scheduled appointment.

It is the patient's responsibility to remember an appointment. Reminder calls or e-mails are made only as a courtesy. Anyone who either forgets or does not show up for their appointment will be considered a "no-show." **"No-shows" will be charged the full amount of their appointment**. This amount must be paid prior to or at your next scheduled appointment.

We strive to provide the highest level of service. Failure to cancel appointments with sufficient notice denies an opportunity for other patients on our waiting list to be seen at the time reserved for you.

4. Please arrive on time to get the full value out of your treatment. If you find that you cannot be on time, please notify our office as soon as possible. If you are late for your appointment, the practitioner may not be able to see you at that time or may not be able to give you the full amount of time originally slotted for you.

5. To insure we can easily contact you, please advise us of any change in your address or phone number(s).

6. We do not accept health insurance or file health insurance claims. However, we will do our best to provide you with the documentation required for you to submit claims to your insurance provider.

8. We will automatically sign you up for our e-mail newsletter. You may opt out of this at any time by e-mailing us.

7. We request that you eat a snack or a small meal two hours prior to receiving your treatment.

8. Please do not be alarmed if some minor bruising results from treatment. This happens occasionally and is normal but if you have any questions or concerns, we encourage you to call our office.

By voluntarily signing below, I acknowledge that I have read each of the above statements in detail, understand each line item fully and will be compliant.

Patient Full Name: _____

Patient Signature: _____ Date: _____