

For Women

Age of 1st period (menarche)_____Are you pregnant? Yes No # of pregnancies_____

Age of last period (menopause)_____ # of births_____ # of Abortions_____ # of Miscarriages_____

Number of day between periods_____ Date of last Gyn exam_____ Pap smear results_____

Number of days of flow_____ Mammogram_____ Bone Density Scan_____

Color of flow_____ Results_____

Clots? _____Average number of tampons you use per day: 1st_____2nd_____ 3rd_____ 4th_____ + days_____

Have you been diagnosed with: Fibroids Fibrocystic Breasts Endometriosis Ovarian Cysts PID

Location of Pain: Low abdomen Low back Thighs Other_____

Nature of Pain (Please indicate before, during or after menses)

Cramping_____	Stabbing_____	Discharge	Vaginal Dryness	Headache
Burning_____	Aching_____	Nausea	Constipation	Diarrhea
Dull_____	Bloating_____	Swollen breasts	Mood Swing	Hot flashes
Consistent_____		Night sweating	Increased libido	Decreased libido

For Men

Date of last prostate check up_____ PSA results_____ Lab results_____

Frequency of Urination: daytime_____ Nighttime_____ Color of urine: clear murky odor:_____

Symptoms related to prostate

Delayed stream	Dribbling	Incontinence	Retention of Urine
Rectal Dysfunction	Increased libido	Decreased libido	Premature ejaculation
Impotence	Back Pain	Groin Pain	Testicular pain

Symptom Survey

The following is a list of symptoms that you may or may not ever experience. Please mark symptoms you experience.

___lack of appetite	___insomnia, diff sleeping	___cough	___eye problems
___excessive appetite	___heart palpitation	___shortness of breath	___jaundice
___loose stool	___cold hands and feet	___low sense of smell	___difficulty digesting oil
___digestive problems, Indigestion	___nightmares	___nasal problems	___gall stones
___vomiting	___mentally restless	___skin problems	___light colored stool
___belching, burping	___laughing for no reason	___feeling of claustrophobia	___soft or brittle nails
___heartburn/reflux	___angina pains	___bronchitis	___easily angered
___feeling the retention of food in stomach	___abdominal pain	___colitis, diverticulitis	___difficulty w/ decisions
___tendency to become obsessive in work & relationships	___chest pain	___constipation	___spasms or twitching muscles
	___sciatic pain	___hemorrhoids	
	___headaches	___recent use of Antibiotics	
	___pain or cold in genital		

___low back pain	___fatigue	___intolerance to weather changes
___knee problems	___edema	___allergies
___hearing impairment	___blood in stool	___hay fever
___ear ringing	___black tarry stool	___dizziness
___kidney stones	___bruise easily	___tendency to faint easily
___decreased sex drive	___difficult to stop bleeding	___high cholesterol levels
___hair loss	___asthma	___sudden weight loss
___urinary impairment	___tendency to catch colds easy	

What other forms of treatment have you had? _____

List any other health problems you have now _____

List any allergies, food sensitivities or food craving that you have _____

List any accidents, surgeries, or hospitalizations (include date) _____

Lab Results: (include copies)

How do you FEEL about the following areas of your life?

Please check the appropriate boxes and indicate any problems you may be experiencing

	Great	Good	Fair	Poor	Bad	Comments
Significant Other	_____	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____	_____
Diet	_____	_____	_____	_____	_____	_____
Sex	_____	_____	_____	_____	_____	_____
Self	_____	_____	_____	_____	_____	_____
Work	_____	_____	_____	_____	_____	_____
Exercise	_____	_____	_____	_____	_____	_____
Spiritual	_____	_____	_____	_____	_____	_____

Clinical Notes- Acupuncturist's Use Only

Onset

Location

Duration

Characteristics

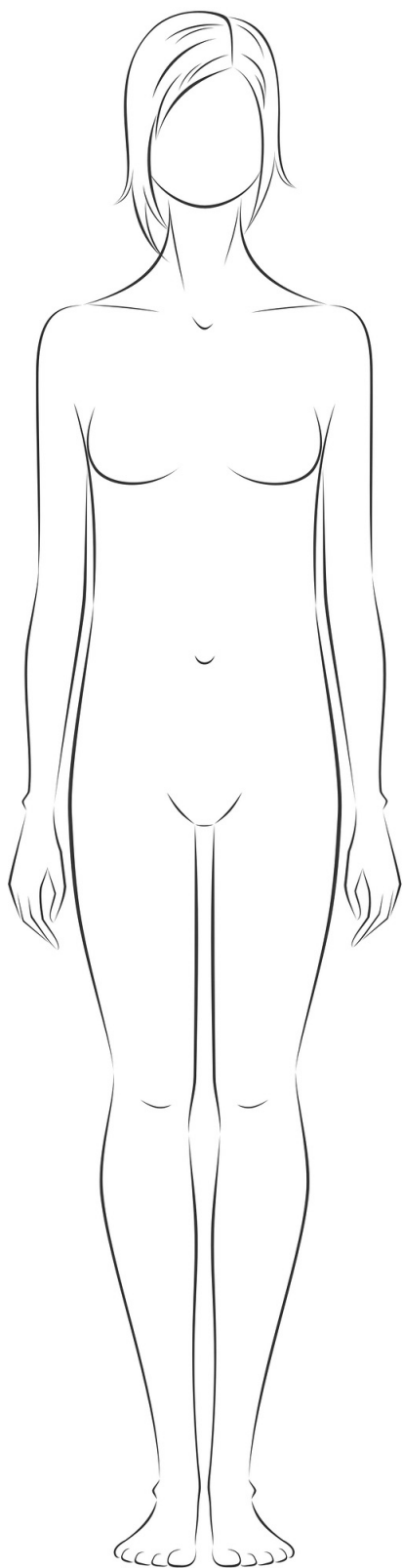
Aggravated/All

Related Issues

Treatment

Significance

Please indicate areas needing treatment.



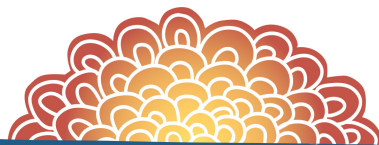
Right

Left



Left

Right



Indigo Dragon

Ancient Wisdom • Modern Touch

Acupuncture and Oriental Medicine CONSENT AND RELEASE FORM

I the undersigned do hereby authorize Indigo Dragon Acupuncture, L.Ac. to perform the following:

- **Acupuncture:** The insertion of pre-sterilized, disposable needles through the skin into the underlying tissues at specific points on the body.
- **Electro acupuncture:** Small amounts of electricity to stimulate specific acupuncture points.
- **Infrared Heat:** Applying heat generated by an infrared lamp over a specific area of the body.
- **Moxa:** Indirect burning of an herbal compound on acupoints using stick or cone moxa.
- **Cupping:** Cups made of glass or other materials are placed on the skin with a vacuum created by heat or suction device.
- **Tui Na:** Traditional Chinese medical massage and manual therapy.
- **Liniments, Oils, Plasters:** Herbal formulas applied topically to the skin.
- **Nutritional Advice:** Includes diet and herbal recommendations.

I understand the potential benefits and risks of these procedures include:

- **Potential Benefits:** (Including but not limited to): Drugless relief of presenting symptoms and improved balance of body energies that may lead to the prevention, improvement or elimination of the presenting problem.
- **Potential Risks** (Including but not limited to): Discomfort, pain, bruising, blistering, bleeding, infection at the site of the procedure, temporary discoloration of the skin, broken needle, possible aggravation of symptoms existing prior to the acupuncture treatment.
- Patients with bleeding disorders or pacemakers as well as pregnant patients should inform the practitioner prior to treatment.

I have had an opportunity to ask Indigo Dragon questions about these procedures, and I voluntarily consent to having them perform one or more of these actions. I understand there are no guarantees that these procedures will cure or improve my condition. In order for Indigo Dragon to perform these procedures, I release them from any and all liability that may occur in connection with my treatment. I understand that I am free to withdraw this consent and to discontinue participation in these procedures at any time. I authorize all practitioners below to perform treatments and to communicate with each other about my medical needs.

Jennifer Fritschy graduated from Southwest Acupuncture College with a Doctorate degree D.O.M.

- California License # AC10676

Amy Ligani graduated from Pacific College of Oriental Medicine with a Masters degree M.S.T.O.M

- California License # AC11507

Ashley Lanahan graduated from Bastyr University with a Masters degree M.S.A.O.M.

- California License # AC11360

Talia Dahms graduated from Pacific College of Oriental Medicine with a Masters degree M.S.T.O.M.

- California License # AC 15962

X

Signature of patient (or guardian if under 18)

Date



CONFIDENTIALITY AND PAYMENT AGREEMENT

Indigo Dragon Acupuncture follows HIPAA guidelines. If you have not received a copy of the Notice of Privacy Practices explaining these guidelines and how we implement them, you may request one from our office.

Please read thoroughly and acknowledge that you will adhere to the following payment policies:

- If I **am not** covered by insurance, I am responsible for the paying fees at the time of service. Accepted forms of payment are personal checks, Visa and MasterCard. I will receive a \$25.00 service charge for non-sufficient funds.
- If I **am** covered by insurance, I understand that services of acupuncture may not be covered under my plan. Common reasons are: deductibles are not met, maximum number of treatments has been used, condition that I am being treated for are not covered by my insurance.
- Outstanding balances that my insurance company does not reimburse will be my responsibility, and will be charged to billed form. Accepted forms of payment are personal checks, Visa and MasterCard. I will receive a \$25.00 service charge for non-sufficient funds, and late payments are due within 30 days of notice.
- If I opt to submit insurance claims on my own behalf, I will be provided a Superbill to submit to my insurance company.
- I will inform Indigo Dragon Center 24 hours in advance should I need to cancel an appointment, or I may be held responsible for an appointment fee.
- I understand herbal products are non-returnable items.

I have read and agree to the above terms:

Signature of patient (or guardian if under 18)

Date

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