

Colleen Porter Acupuncture LLC
123 Amherst
Winchester, VA 22601
(540) 532-5312

Name _____ Date of first visit _____

Address _____

City: _____ State: _____ Zip Code: _____

Telephone #: (Home) _____ (Work) _____ (Cell) _____

Email address: _____ Do you check it regularly? _____

Age: _____ Date of Birth: _____ Place of Birth: _____ Gender: _____

Married _____ Widowed _____ Single _____ Partnership _____

Live: Alone _____ Spouse _____ Partner _____ Parents _____ Children _____ Friends _____

Occupation _____ Hours per week: _____ Retired: _____

How did you hear about us? _____

Name of someone to reach in case of emergency: _____

Relationship _____ Phone: _____

What would you like me to help you with?

1) _____
Past treatment _____
How does this condition affect you? _____

2) _____
Past treatment _____
How does this condition affect you? _____

3) _____
Past treatment _____
How does this condition affect you? _____

Other important health concerns:

What injuries, hospitalizations or surgeries have you had?

_____	year _____	_____	year _____
_____	year _____	_____	year _____
_____	year _____	_____	year _____
_____	year _____	_____	year _____

Allergies

Are you hypersensitive or allergic to..

Any foods? _____

Any drugs? _____

Any environmental or chemicals? _____

Height _____ Weight _____ Weight 1 year ago _____

Maximum Weight _____ When _____

When during the day is your energy the best? _____ worst? _____

Typical Food Intake

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Drinks: _____

Current Medications

Please list all prescription and over the counter medications, vitamins, minerals, and herbal supplements you are taking.

- | | |
|----------|-----------|
| 1) _____ | 6) _____ |
| 2) _____ | 7) _____ |
| 3) _____ | 8) _____ |
| 4) _____ | 9) _____ |
| 5) _____ | 10) _____ |

Y= a condition you have **now** **N**= **never** had **Past**=**significant** problem in the past

Main interests and hobbies _____

Do you exercise? Y N

If yes, what kind and how often? _____

What do you do to relax? _____

Average hours of sleep _____ Do you enjoy your work? Y N

Take vacations? Y N Past Spend time outside? Y N

Have a supportive relationship? Y N Watch television? Y N

Have a history of abuse? Y N Past how many hours? _____

Use recreational drugs? Y N Past Do you drink coffee? Y N

Been treated for drug dependence? Y N Past how much? _____

Drink alcoholic beverages? Y N Past Black/green tea? Y N

Treated for alcoholism? Y N Past Do you eat refined sugar? Y N

Smoke tobacco? Y N Past Do you add salt? Y N

If you smoked in the past how long ago was it? _____

How much do you/did you smoke? _____

Do you have a regular religious or spiritual practice that brings you peace? Y N

If yes, what? _____

Colleen Porter Acupuncture LLC
123 Amherst St
Winchester, VA 22602

Treatment Consent

Acupuncture: Acupuncture is performed by the insertion of needles through the skin. There may occasionally be adverse side effects such as local bruising, minor bleeding, fainting, pain or discomfort, and the possible aggravation of symptoms existing prior to treatment.

Moxabustion: Moxabustion is performed by burning the herb, mugwort, on or near the skin. It is done to warm an area or to redirect energy flow through an area. Because the mugwort is lit there is a risk of burning or scarring. Precautions are taken to minimize this risk including the application of a protective salve between the skin and the herb when it is placed directly on the skin.

Chinese herbs: Substances from the Oriental material medica may be recommended. Patients must follow the directions for administration and dosage. There may be certain adverse side effects such as changes in bowel movement, abdominal pain or discomfort, and the possible aggravation of symptoms existing prior to herbal treatment. With any problems associated with these substances, patients should suspend taking them and call Colleen Porter as soon as possible.

Acupressure-Massage: Acupressure-massage is used to modify to prevent pain perception and to normalize the body's physiological functions. There may be certain adverse side effects such as: muscle soreness or achiness and the possible aggravation of symptoms existing prior to treatment.

Electro-acupuncture: Electro-acupuncture may be administered with the acupuncture. There may be certain adverse side effects such as: electrical shock, pain or discomfort, and the possible aggravation of symptoms existing prior to treatment.

- All of the above information has been explained to me and I have no further questions at this time.
- I consent to treatment with acupuncture and Oriental medicine
- I understand that there are no guarantees concerning treatment. I understand that there may be other treatment alternatives, including treatment that may be offered by a physician.
- I understand that I am free to refuse or stop treatment at any time.

Patient Initials: _____

I have received the Notice of Privacy Practices which describes how Colleen Porter may use and disclose my protected health care information to carry out treatment, payment of services, health care operations, and other purposes that are allowed by the law.

The practitioner reserves the right to change the privacy practices that are described in the Notice of Privacy Practices without notifying patients. A copy of the current privacy practices is available upon request at any time.

Patient Signature: _____ Date: _____

Printed Name: _____ Date of Birth: _____