



STORYPUNCTURE INTAKE FORM

Discovering Your Unique Healing Story Through Acupuncture

K. Willow Leenders, LAc | Peaceful Body Body Wellness Retreat | 148 S. Santa Fe, Salina, KS 67401 | 785-819-1336

ALL INFORMATION IS STRICTLY CONFIDENTIAL

FIRST _____ LAST _____

ADDRESS _____ CITY/STATE/ZIP _____

PHONE _____ EMAIL _____

DATE OF BIRTH _____



Please indicate on figures above, where you are experiencing any discomfort, pain, or tension.

List medications, with dosages, that you are currently taking:

List vitamins/minerals/herbs that you are currently taking:

PLEASE ANSWER THE FOLLOWING:

Have you had acupuncture treatments before?

Yes No When? _____

What are your goals for this session?

Do you frequently feel stressed? Yes No

How would you describe your current state of health?

When do you last remember feeling really great? _____

Are you currently pregnant or breastfeeding? Yes No

What seems to make you feel better?

What seems to make you feel worse?

Have you had any accidents, illnesses, injuries, surgeries, or traumas that have affected your health in such a manner that you've never been totally well since? Yes No

Please describe below with approximate dates:

Whom may we thank for your referral?

ARE YOU CURRENTLY UNDER THE CARE OF ANY OF THE FOLLOWING MEDICAL PROFESSIONALS?

- | | | |
|---|---|---|
| <input type="checkbox"/> Medical Doctor | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Nutritionist |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Naturopath | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Acupuncturist | <input type="checkbox"/> Massage Therapist | <input type="checkbox"/> Personal Trainer |

PLEASE CHECK ALL THAT APPLY:

Musculoskeletal System

- Arthritis
- Artificial Joint
- Bursitis
- Carpal Tunnel Syndrome
- Joint Pain
- Muscular Dystrophy
- Osteoporosis
- Plantar Fasciitis
- Tendonitis
- Whiplash

Respiratory System

- Allergies
- Asthma
- Bronchitis
- Frequent Cold/ Flu
- Sinusitis

Circulatory System

- Atherosclerosis
- Heart Attack
- High Blood Pressure
- Low Blood Pressure
- Poor Circulation
- Stroke
- Thrombosis
- Varicose Veins

Digestive System

- Acid Reflux
- Constipation
- Diarrhea
- Food Allergies
- Gallstones
- Hepatitis
- Recent changes in appetite
- Ulcers

Immune System

- Cancer
- Chronic Fatigue Syndrome
- Fibromyalgia
- Diabetes
- Edema
- HIV/AIDS
- Lupus
- Lymphoma

Nervous System

- Alzheimer's Disease
- Headaches
- Migraines
- Multiple Sclerosis
- Parkinson's Disease
- Seizures
- Sleep Disorders
- Shingles
- Spinal Cord Injury

Integumentary System (Skin)

- Burns
- Dermatitis
- Eczema
- Fungal Infections
- Impetigo
- Scars
- Rash

Emotional System

- Anger
- Anxiety
- Depression
- Grief
- Joy

Female Reproductive System

- Difficult Conception
- Endometriosis
- Hysterectomy
- Irregular Menstruation
- Painful Menstruation
- Miscarriage
- Menopausal Issues

Urinary System

- Frequent Urination
- Kidney Stones
- UTI

PLEASE READ THE FOLLOWING, INITIAL, AND SIGN BELOW IN AGREEMENT AND FOR CONSENT FOR TREATMENT:

_____ Effective July 2017, the Kansas Board of Healing Arts now regulates fully trained, nationally certified acupuncturists under the title of Licensed Acupuncturist (Lac). I understand that K. Willow Leenders, LAc (#23-00058) at Storypuncture does not diagnose illness, disease or any other physical or mental disorder as a medical doctor. As such, Storypuncture staff does not prescribe medical treatment or pharmaceuticals. It has been made clear to me that services offered at Storypuncture are not a substitute for medical treatment and that it is recommended that I see a physician for any physical ailment that I may have.

_____ In the event you are unable to make an appointment, 24 hours notice is respectfully requested. Late cancellations and missed appointments will be billed at half the original price of the service.

_____ To allow all patrons and practitioners the greatest sense of serenity, please turn off your cellular phone, or in the case of urgency, turn it to a non-audible mode.

_____ I hereby authorize the practitioners of Storypuncture to administer any style of Classical Oriental Medicine relevant to my diagnosis and treatment, including but not limited to the following: (1) the insertion of various styles of sterile, one-time use acupuncture needles into my body at various depths and locations; (2) massage of the acupoints, channels, or related tissue; (3) moxabustion, a heat treatment using the herb artemesa vulgaris; (4) homecare suggestions such as dietary changes or supplements, exercises, lifestyle recommendations, or referrals to other specialists.

_____ In each treatment session there are opportunities to ask questions pertaining to my treatment. I have a right to refuse any form of treatment. I understand the nature of the treatment and the risks and possible consequences involved with acupuncture. I understand that there is always a possibility of unexpected complications and that no guarantee can be made concerning the results of the treatment.

All information is correct to the best of my knowledge and it is my responsibility to inform my practitioner, K. Willow Leenders of Storypuncture, of any changes during the course of my treatment.

SIGNATURE OF PATIENT (OR PATIENT'S GUARDIAN)

DATE