



Male

Purity Health & Wellness Inc.

Acupuncture Intake Form

Name: _____
LAST FIRST

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ Confirmation: E-mail / Phone / Text

DOB (D/M/Y): _____ / _____ / _____ How do you identify: Male / Female

Emergency Contact: _____
NAME RELATIONSHIP PHONE

Occupation: _____ Employer: _____

Ins Company: _____ Referred by? _____

New Patient Intake Form

Please fill out the intake form to the best of your knowledge. You're more than welcome to add any additional information that may not be on the intake.

Have you had acupuncture before? Yes No

Have you consulted a physician/dentist about the condition that you are currently seeking treatment? Yes No

Main Concerns:

1. _____
2. _____
3. _____

Past Medical History:

1. _____
2. _____
3. _____

Family Medical History:

Mother's side: _____

Father's side: _____

Have you ever been hospitalized or had any operations? Please explain:

Do you have any injuries or any past injuries? Please explain:

Medications / Supplements / Vitamins - Please list any that you are currently taking and reason for use:

Do you have any allergies? Please list and explain what the reaction to them is:

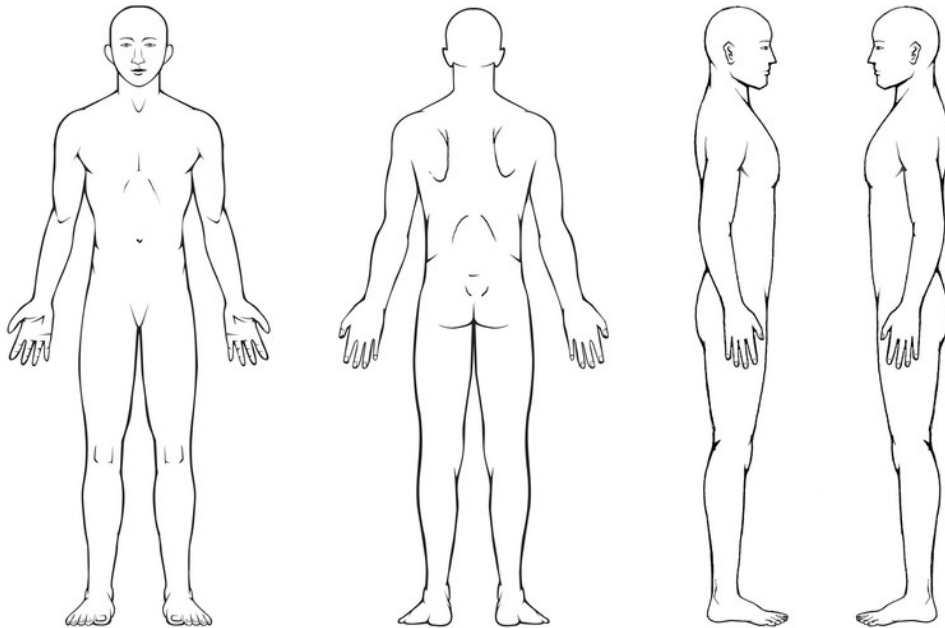
Pain:

Please clearly mark any areas of pain:

Key: **XXX** - Pain / **OOO** - Tingling / **NNN** - Numbness / **SSS** - Stabbing

Does anything make the pain worse?

What helps alleviate this pain?



Lifestyle:

Do you participate in any physical activities? Please describe:

What do you do to relax and alleviate stress:

What are the many causes of stress in your life?

Dietary Information:

Do you eat breakfast? Yes No

How much water do you drink each day? _____

How many servings of fruit and vegetables do you eat each day? _____

Alcohol: ___ (# / week) Coffee/Tea: ___ (# / week) Pop: ___ (# / week) Tobacco: ___ (# / week)

How is your appetite? _____

Do you crave certain foods? _____

Do you feel thirsty often? _____

Any unusual tastes in the mouth? _____

Sleep:

How many hours of sleep do you get at night? _____

- Insomnia
- Nightmares
- Waking tired
- Waking frequently
- Dream disturbed sleep
- Problems staying asleep
- Problems falling asleep
- Other: _____

Heart:

- High blood pressure
- Low blood pressure
- Chest pains
- Palpitations
- Fainting
- Irregular heart beat
- Fast heart beat
- Slow heart beat
- Feel light headed
- Phlebitis
- Orthostatic hypotension
- Other: _____

Lungs:

- Shortness of breath
- Chest tightness
- Chest oppression
- Asthma/wheezing
- Chronic Cough
- Dry cough
- Cough with phlegm
- Difficulty breathing when lying down
- Other: _____

Skin & Hair:

- Itchy skin
- Dry skin
- Oily skin
- Rashes
- Hives
- Ulcerations
- Eczema
- Psoriasis
- Shingles
- Acne
- Fungal infections
- Hair loss
- Brittle hair
- Premature greying
- Other: _____

Head, Eyes, Ears,

Nose & Throat:

- Glaucoma
- Cataracts
- Poor vision
- Night blindness
- Blurred vision
- Eye strain
- Red eyes
- Itchy eyes
- Spots in eyes
- Floaters in eyes
- Poor hearing
- Ringing in ears
- Earaches
- Sinus problems
- Nosebleeds
- Swollen glands
- Lumps in throat
- Sore throat
- Dry mouth
- Clears throat often
- Tongue sores
- Gum disease
- Sore gums
- Bleeding gums
- Cold sores
- Problems with TMJ
- Grinding teeth
- Soft teeth
- Multiple cavities
- Other:_____

Gastrointestinal:

- # of bowel movements per day_____
- Constipation
 - Diarrhea
 - IBS
 - Ulcerative colitis
 - Colitis/enteritis
 - Hard stools
 - Loose stools
 - Black stools
 - Mucus in stools
 - Blood in stools
 - Vomiting
 - Nausea
 - Gas
 - Bloating after meals
 - Undigested food in stool
 - Acid regurgitation
 - Gastritis
 - Stomach cramps
 - Intestinal cramps
 - Hemorrhoids
 - Other:_____

Genito-Urinary:

- Frequent urination
- Scanty urination
- Painful urination
- Burning urination
- Cloudy urination
- Urination at night
- Retention of urine
- Incontinence
- Dark yellow urine
- Light yellow urine
- Clear urine
- Frequent bladder infections
- Frequent kidney infections
- Other:_____

Do you suffer from any of the following:

- Anxiety
- Irritability
- Easily stressed
- Depression
- Poor memory
- Seizures
- Tics
- Abuse survivor

Male Specific:

Do you or have you experienced:

- Erectile dysfunction
- Premature ejaculation
- Prostatitis
- Testicular trauma
- Low libido
- High libido
- Nocturnal emissions
- Dizzy/tired after ejaculation
- Varicocele (Repaired?)
- Hernia (Repaired?)
- History of steroid use
- STI:_____
- Exposure to pesticides/chemicals

Consent for treatment

I, _____, do hereby voluntarily consent to be treated with Acupuncture, at Purity Health and Wellness, #101 - 1006 103A street SW, Edmonton, Alberta.

I understand that Acupuncture is performed by the insertion of needles through the skin, and/or by the application of heat to the skin at certain points on or near the surface of the body. Acupuncture attempts to restore normal physiological body functions, modify or prevent pain perception.

I understand that with Acupuncture treatment there are some very slight risks and I have been made aware that certain adverse side effects may result. These include, but are not limited to: local bruising, minor bleeding, temporary pain or discomfort, fainting, and possible aggravation symptoms.

I understand that Acupuncture has been practiced safely for centuries. I also understand that no guarantees concerning its use and effects are given to me and that I am free to discontinue treatment at any time. I have had the opportunity to discuss the nature and purpose of therapies mentioned above.

I have read the above consent. I have also had the opportunity to ask questions about its content, and by signing below, I agree to the above modalities of treatment.

CLIENT NAME

CLIENT SIGNATURE

DATE

PARENT / GUARDIAN NAME

PARENT / GUARDIAN SIGNATURE

DATE

CANCELLATION POLICY

A minimum of 24 hours notice is required to cancel appointments. Missed appointments without notice **will** be subject to a missed appointment fee equal to that of your scheduled appointment time. An appointment is considered missed if you arrive more than 15 minutes late. In addition, please understand that most insurance companies will not reimburse for missed appointments.