



1912 N. Batavia St. Suite J
Orange, CA 92865
714-798-4325
www.blueheartwellness.com

Blue Heart Wellness Acupuncture Intake Form

Your questionnaire provides valuable information which helps us understand the underlying causes of your health concerns. All information you provide are **CONFIDENTIAL** and will become a part of your medical record on file.

Personal Information:

Name: _____ Date: ____/____/20____

DOB: ____/____/____ Gender or Preferred Gender Pronoun: _____ Occupation: _____

Address: _____

Street No and Name

City

State

Zip Code

Phone: _____ Email: _____

How did you hear about us? Circle One of the Following: Web Search / Yelp / Social Media / Family or Friend / Health Care Provider

If referred by a person, please specify so we can thank them: _____

MAIN COMPLAINT

1. _____

Please indicate the area of your complaint on the body chart if applicable.

Does the pain/issue interfere with your work? Yes / No

Rate the intensity of this complaint from 0 being no pain and 10 being the worst pain you can imagine.

_____/10

SECONDARY COMPLAINT

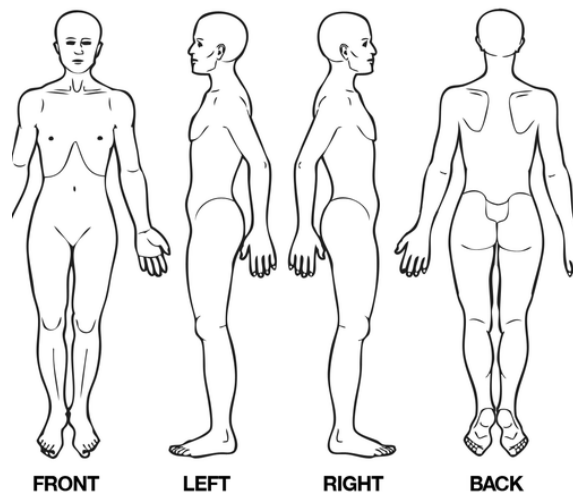
2. _____

Please indicate the area of your complaint on the body chart if applicable.

Does the pain/issue interfere with your work? Yes / No

Rate the intensity of this complaint from 0 being no pain and 10 being the worst pain you can imagine.

_____/10



FRONT

LEFT

RIGHT

BACK



1912 N. Batavia St. Suite J
Orange, CA 92865
714-798-4325
www.blueheartwellness.com

OTHER CONCERNS

Are there any other concerns you'd like us to know about? Please specify: _____

Do you have trouble sleeping? **Yes/No** If so, do you have difficulty **falling asleep** or **staying asleep**? Please explain: _____

Do you have trouble digesting your food? **Yes/No**

How often do you move your bowels? _____ **Times/Day**

Please list current medications and reasons for taking them:

1. _____
2. _____
3. _____
4. _____

Is there anything else you'd like us to know about you?



1912 N. Batavia St. Suite J
Orange, CA 92865
714-798-4325
www.blueheartwellness.com

Financial & Cancellation Policy

Blue Heart Wellness provides low cost, high-volume Community Acupuncture. Our fee is \$25 per treatment. We make every attempt to make acupuncture available to as many people as possible at the most affordable rates. This is our mission. Payment is expected at the time of your visit. We accept checks, cash, Visa & Mastercard. We ask that you be prepared to pay for your treatment each time you come in.

If you need a receipt to submit to your insurance, please let us know. We'd also be happy to give you a cash receipt as well. Receipts are available ONLY at time of appointment. Due to our high volume, year-end summaries are not available.

We reserve an appointment time for you and ask that you call us if you cannot keep your appointment. In consideration of other folks who may be on a waiting list for appointments, we ask that you give us 24 hours notice in advance of an appointment that you'll not be able to keep. We do also recognize that emergencies happen, and would be happy to consider those on an individual basis, of course. Thanks for understanding and in doing so, helping us to keep our fees as low as possible.

All appointments that are cancelled with less than 24 hours notice, or are missed altogether without letting our front desk know, will be charged a \$25.00 fee payable at the next visit.

I have read and agree to the above financial and cancellation policy:

Patient's Name (Printed)

Patient or Representative's Signature

Date

Informed Consent

Acupuncture involves the insertion of special needles into particular points on the body. The purpose of this treatment is to prevent or reduce pain and to help your body function better. There are some risks to treatment, including **bruising** of the skin and/or **slight bleeding**, pneumothorax, weakness, fainting and aggravation of symptoms existing prior to acupuncture treatment. There is little to no risk of infection when all needles are sterile. Blue Heart Wellness **uses only one-time use, disposable needles. We do not reuse needles**, even at different areas of the body for the same person.

There have been rare occurrences of spontaneous abortion with the use of certain points. It is imperative that you **let your practitioner know if you are pregnant** or if you suspect you are pregnant so that he/she may select safe points for you.

We do not provide primary care, nor Western (allopathic) medical care. Please see your medical doctor for those services and for routine check-ups. If you are pregnant, have a bleeding disorder, pacemaker, high blood pressure, seizure disorder, local infection or have been prescribed anticoagulant (blood thinning) medications like Coumadin, by signing below you state that you have informed your acupuncturist of such conditions via the intake form and verbally. With this knowledge, I voluntarily consent to the above procedures.

I consent to the treatment or procedure and the above listed items. I am satisfied with the explanation.

Patient's Name (Printed)

Patient or Representative's Signature

Date

Weight Limitations on Zero Gravity Chairs

Our zero gravity chairs have a weight limitation of 220 lbs. If you weigh over or close to 220 lbs., please use one of our upholstered recliners as your treatment chair. Thank you!

Initials: _____