

Date _____



Community Acupuncture Health History Questionnaire

All information entered on this form is confidential. Only licensed practitioners and Common Ground staff will have access to this information.

Name _____ DOB/age _____ / _____

Emergency Contact Name _____ Phone # _____

Have you had acupuncture before? Yes No

Do you have a fear of needles? Yes No

What is your Primary Reason for coming in for treatment today? When did it start?

Please rate the intensity of your concern, 10 being the highest.

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

What is your Secondary Reason for coming in for treatment today? When did it start?

Please rate the intensity of your concern, 10 being the highest.

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

Have you had any serious illnesses, accidents or surgeries? Yes No

List any medications, vitamins and herbs taken in the last 3 months.

Briefly describe your routine activities? (*i.e. desk job, student, exercise, etc*)

Acupuncturist Notes



Consent to Acupuncture Treatment

I, _____ residing at _____, do hereby voluntarily consent to be treated with acupuncture administered by Licensed Acupuncturists (L.Acs) working as Independent Contractors at Common Ground. All L.Acs are fully qualified to practice Chinese medicine, having completed a comprehensive 3 year educational program, and having passed the national examination administered by the National Commission for the Certification of Acupuncturists.

Acupuncture is performed by the insertion of very thin sterilized needles through the skin. Once inserted, the needles may be stimulated manually or by a machine. Because the needles are sterile and are only used one time, it is not necessary to swab the skin with alcohol prior to insertion; however, feel free to request this from your practitioner.

Acupuncture attempts to treat bodily dysfunctions or diseases, to modify or prevent the perception of pain, and to normalize the body's physiological functions.

Certain adverse side effects, while infrequent, may result. These could include, but are not limited to, local bruising, minor bleeding, fainting, temporary pain or discomfort, infection or blistering at the site of procedure, and the possible temporary aggravation of symptoms existing prior to acupuncture treatment.

Acupuncture is licensed in Virginia and many other states, and has been safely practiced for centuries. I have been given no guarantees concerning its use and effects and know that I am free to stop acupuncture treatment at any time.

I have carefully read and understand all of the foregoing and am fully aware of what I am signing. I hereby release Common Ground Healing Arts and its practitioners from any and all liability which may occur in connection with the above-mentioned procedures, except for failure to perform the procedures with appropriate medical care. I understand I am free to withdraw my consent and to discontinue participation in these procedures at any time.

Patient, Parent or Guardian

Date