22921 Triton Way Ste 127 Laguna Hills, CA 92653 949-390-7447

Green Forest Wellness Center
Acupuncture Intake Form

Patient Information (Please print)

Name: _____ Date of Birth: _____
Age: _____ Weight:_____ Height: _____ Sex: M / F
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____Cell Phone: _____
Email(for appointment reminders): _____
Emergency Contact Name:_____ Phone:_____

Case History

Chief Complaint: _____
Onset date: _____

List of Symptoms, location, duration, and severity:
Symptoms: _____
Location:_____
Duration:_____
Severity:_____

What makes it better:
_____
What makes it worse:
_____

Complaint result of: ☐Auto Accident ☐Injury ☐Job related ☐Other: _____

Have you seen other doctors about this condition? Yes/No
If yes, when and where?_____

Names of Medications Taken	Purpose/Use	Any side effects?

Medication (cont'd)

Are you allergic to any medications? If so please list:

_____

For Females

Are you pregnant? Yes / No If yes, how long?_____

For Minors

List both parent's names and phone numbers:

_____

Patient's Past Medical History (Check all that apply):

☐ Allergies	☐Food/Med Allergies	☐ High Blood Pressure	☐Heart Disease
☐Trauma	☐ Injuries/Accidents	☐ Hospitalizations	☐ Diabetes
☐Cancer	☐ Thyroid Conditions	☐ Anemia	☐ Seizures
☐Herpes	☐Hepatitis	☐ Venereal Disease	☐ AIDS

Family Medical History (Please list any known medical problems)

Father: _____
Mother: _____
Siblings: _____
Your Children: _____

Final comments

_____

_____

_____

Patient Information and Consent Form

Please read this information carefully, and ask your practitioner if there is anything that you do not understand.

What is acupuncture?

Acupuncture is a form of therapy in which fine needles are inserted into specific points on the body.

Is acupuncture safe?

Acupuncture is generally very safe. Serious side effects are extremely rare - less than one per 10,000 treatments.

Does acupuncture have side effects?

You need to be aware that:

Drowsiness occurs after treatment in a small number of patients, and, if affected, you are advised not to drive;

Minor bleeding or bruising occurs after acupuncture in about 3% of treatments;

Pain during treatment occurs in about 1% of treatments;

Existing symptoms can get worse after treatment (less than 3% of patients). You should tell your acupuncturist about this, but it is usually a good sign

Fainting can occur in certain patients, particularly at the first treatment.

In addition, if there are particular risks that apply in your case, your practitioner will discuss these with you.

Is there anything your practitioner needs to know?

Apart from the usual medical details, it is important that you let your practitioner know:

If you have ever experienced a fit, faint, or funny turn;

If you have a pacemaker or any other electrical implants;

If you have a bleeding disorder;

If you are taking anti-coagulants or any other medication;

If you have damaged heart valves or have any other particular risk of infection.

Cancellation/No Show Policy

We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. Conversely, the situation may arise where another patient fails to cancel and we are unable to schedule you for a visit, due to a seemingly "full" appointment book.

If an appointment is not cancelled at least 24 hours in advance you will be charged a twenty-five dollar ($25) fee; this will not be covered by your insurance company.

We understand that delays can happen however we must try to keep the other patients and doctors on time.
If a patient is 15 minutes past their scheduled time we will have to reschedule the appointment.

Initial _____

Cash Package Policy

I understand that the pre-paid acupuncture package that I've bought is not a health insurance policy. I also understand that the pre-paid amount can be refunded if I no longer require acupuncture as one of my health services. I understand that if the treatment package is refunded, the discount no longer applies. Thus, refunds are based on a recalculation of the number of completed treatments at the full Cash/Time-of-Service rate. If the used treatments are equal to or greater than the value of the Prepaid Package, then there will be no refund or monies owed to the Patient. In some cases there may be a balance owed to the Practitioner.

Initial _____

Statement of Consent

I confirm that I have read and understood the above information, and I consent to having acupuncture treatment. I understand that I can refuse treatment at any time. I understand the information I provided on this questionnaire is essential to determine my health and treatment needs. I have read and understood each question and certify it to be true and correct to the best of my knowledge and belief and hereby grant authorization for treatment, in accordance with state statutes, for the care and management of this complaint.

Initial _____

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Assignment of Benefits/Release Medical Information (For Insurance purposes)

I authorize direct pay of my medical benefits to Josh Chen L.Ac.
I authorize the release of any medical information necessary to process my insurance claims.

Initial _____

Patient Signature

Print name in full:

_____

Signature: (Legal guardian's signature if patient is a minor)

_____

Date:_____