

Li's Chinese Therapeutic Massage Inc.

3507 Centre Street NW, Calgary, AB T2E 2X9

Tel: 403-230-8468

Acupuncture Intake Form

Last Name _____ First Name: _____

Date of Birth (YYYY/MM/DD) _____ Gender _____

Home Address _____

Home Phone _____ Cell Phone: _____ E-mail: _____

Occupation _____

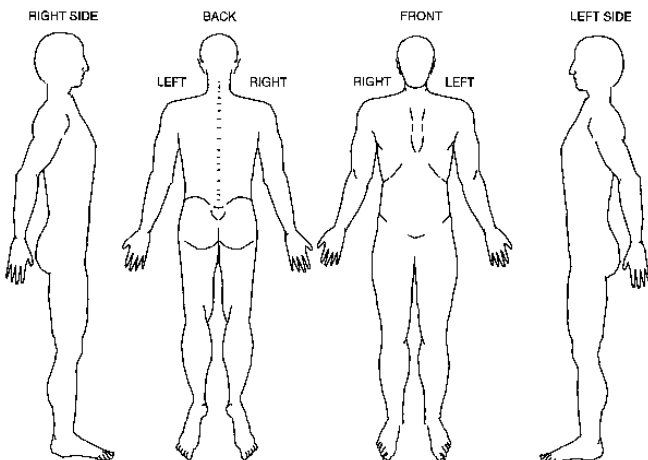
Insurance Details: Name of insurance company _____

Group Plan # _____ ID # _____

Please list your health concerns, in order of importance to you:

	Concern	Onset	Duration
1			
2			
3			
4			
5			

Where do you feel pain? (Please circle the area you have problems with)



What are your goals/expectations for this session?

Informed Consent to Acupuncture

Acupuncture refers to the insertion of sterilized needles through the skin into underlying tissues at specific points on the body's surface. Your acupuncturist will develop a case history and do any physical exam as needed. You may be referred to your medical doctor for tests and exams.

Even mild therapies can have their complications, especially in young children, and pregnant or lactating women. Caution must be used in certain conditions such as diabetes, heart, liver or kidney disease. It is very important that you inform your practitioner immediately if you know or suspect any disease or if you are pregnant, suspect pregnancy or if you are lactating.

There are risks, however rare, to treatment, including, but not limited to:

1. Aggravation of pre-existing symptoms
2. Allergic reaction to supplements or herbs
3. Pain, bruising, or injury from acupuncture
4. Fainting or puncturing of an organ with acupuncture needles
5. Accidental burning of skin from the use of heat lamp or cupping

This is to acknowledge that as a patient I have been informed and I understand that:

- A record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by myself or my representative or unless it is required by law. I understand that I may look at my record at any time and can request a copy by paying the appropriate fee.
- Any questions I have will be answered by my acupuncturist to the best of his/her ability.
- Results are not guaranteed. I do not expect the acupuncturist to be able to anticipate and explain all risks and complications and I wish to rely on her to exercise judgment during the course of the procedure which he/she feels at the time is in my best interests, based upon the facts then known.
- Any treatment or advice provided to me by my acupuncturist is not mutually exclusive of any treatment or advice that I may now be receiving or may in the future receive from another licensed health care provider; which I agree to disclose to my acupuncturist.
- I am at liberty to seek or continue medical care from a physician or surgeon or other health care provider qualified to practice in Alberta
- My acupuncturist has not suggested or recommended to me to refrain from seeking or following the advice of another licensed health care provider
- The treatment and therapies rendered or recommended to me by my acupuncturist, may be different than those usually offered by a medical doctor or other licensed health care provider.

I have read the above information and with this knowledge, I voluntarily consent to the diagnostic and therapeutic procedures mentioned above except for: (please list)

I intend this consent to apply to all of my present and future care. I understand that I am free to withdraw my consent and discontinue participation in these procedures at any time.

Name of Patient or Guardian: _____

Signature: _____ **Date:** _____