

Raleigh Acupuncture Associates

New Patient Form

Date:

Name	Cell phone #	Home phone #
Street Address	City, State Zip	Email address
Date of birth	Height/Weight	How Did You Find Us?
Emergency contact name	Emergency contact phone #	Your occupation

Diagnosed medical conditions (i.e., high blood pressure, diabetes):

Current medications / Allergies to medications:

Recent hospitalizations/surgeries:

Circle if you use: Tobacco, Alcohol, Caffeine, or Recreational drugs. Indicate amount/frequency.

List current health practitioners (Name/Specialty):

Are you pregnant? Yes / No (women only)

Do you have any biomedical devices (ie, artificial joints, cardiac pacemaker)? Please list:

What is the main condition that brought you here today?

Raleigh Acupuncture Associates

Consent to Treat

I authorize acupuncturists at Raleigh Acupuncture Inc. to administer Oriental Medicine relevant to my diagnosis and treatment, including but not limited to the following:

- Insertion of various sizes of sterile acupuncture needles at various depths and locations.
- Heat treatment with moxibustion or infrared lamp. With any type of heat, there is a risk of burn.
- Gwa Sha, which may cause slight bruising or tenderness lasting for 1-5 days.
- Cupping treatment promotes Qi (energy) circulation through the meridians. Cups may produce a red/purple color on the skin lasting 1-5 days.
- Electrical stimulation of the needles that produces a vibration or tapping sensation.
- Manual therapy techniques.
- Jing Well treatment to improve circulation - sterile lancets release a few drops of blood.
- Chinese Herbs in various forms such as pills, capsules, powders, and raw herbs.

I have been informed that I can refuse any form of treatment. I understand the nature of the treatment, have been informed of the risks and possible consequences involved with this treatment, and have been given an opportunity to ask questions about the treatment. I also understand there is always a possibility of an unexpected complication and that no guarantee can be made concerning treatment results.

Office Policies

Initial	Please initial next to each statement to signify understanding and acceptance.
	I will cancel my appointment if I display any signs of cold or flu.
	I will pay for my visit in full if I do not cancel with 24-hour notice. Proper notice allows you to offer my slot to someone on the waitlist.
	I will only book appointments I intend to keep. The system will ban if it notices frequent cancellations.

Please indicate your understanding and acceptance of these by signing below.

Signature of patient: _____

Printed name of patient: _____

Date: _____

Signature of acupuncturist: _____