

Purple Dragon Community Acupuncture

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New Patient Information	
PATIENT INFORMATION	CONTACT INFORMATION
Date _____ Name _____ Address _____ City, State, Zip _____ Age _____ Birthdate _____ Occupation _____ How did you hear about us? _____ Have you had acupuncture before: _____	Phone _____ Email _____ EMERGENCY CONTACT PERSON Name _____ Relationship _____ Phone _____
HEALTH HISTORY	
What primary condition(s) do you want treated today? 1. _____ 2. _____ 3. _____ How is your sleep? _____ _____ How is your digestion? _____ _____ List medications or supplements you are taking. _____ _____ List serious illnesses, accidents, or surgeries. _____ _____ Check conditions you have now or in the past: <input type="checkbox"/> Bleeding disorder <input type="checkbox"/> Seizures <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> HIV <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Hepatitis – please circle: A B C When was your last complete medical exam? _____ _____	Check symptoms you have now or during the past year: Emotions & Energy <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Difficulty focusing <input type="checkbox"/> Dizziness <input type="checkbox"/> Easily startled <input type="checkbox"/> Excessive fear <input type="checkbox"/> Excessive worry <input type="checkbox"/> Excessive anger <input type="checkbox"/> Fatigue / tiredness <input type="checkbox"/> Headaches <input type="checkbox"/> Nervousness <input type="checkbox"/> Weight gain <input type="checkbox"/> Irritability <input type="checkbox"/> Weight loss <input type="checkbox"/> Insomnia / poor sleep <input type="checkbox"/> Overwhelmed by life Eyes-Ears-Nose-Throat-Respiratory <input type="checkbox"/> Breathing difficulty: <input type="checkbox"/> Asthma <input type="checkbox"/> Allergies/Hay fever <input type="checkbox"/> Frequent colds <input type="checkbox"/> Persistent cough <input type="checkbox"/> Eye problems <input type="checkbox"/> Ear problems <input type="checkbox"/> Gum or tooth trouble <input type="checkbox"/> TMJ / jaw-grinding <input type="checkbox"/> Sinus problems <input type="checkbox"/> Other: _____ Cardiovascular <input type="checkbox"/> Chest pain <input type="checkbox"/> Previous heart attack <input type="checkbox"/> Poor circulation <input type="checkbox"/> Previous stroke <input type="checkbox"/> Rapid heart beat <input type="checkbox"/> High blood pressure <input type="checkbox"/> Irregular heart beat <input type="checkbox"/> Other: _____ Gastrointestinal <input type="checkbox"/> Stomach pain <input type="checkbox"/> Belching <input type="checkbox"/> Poor appetite <input type="checkbox"/> Gas or bloating <input type="checkbox"/> Indigestion <input type="checkbox"/> Hemorrhoids <input type="checkbox"/> Diarrhea <input type="checkbox"/> Nausea <input type="checkbox"/> Constipation <input type="checkbox"/> Other: _____

New Patient Information, continued

Check symptoms you have now or during the past year:

Genito/Urinary

- Frequent Urination STD
- Difficulty controlling urine Lowered libido
- Infertility
- Other: _____

Reproductive

MEN

- Testicular pain Other: _____
- Prostate disease
- Erection difficulties

WOMEN

- Menstrual bleeding: Heavy Scanty
- Bleeding between periods
- Irregular cycle
- PMS Emotional Cramps
- Menopausal symptoms
- Other: _____

Could you be pregnant? Yes No

Skin

- Acne Itching/ Rash
- Sore that won't heal Unusual sweating
- Other: _____

CONSENT FOR TREATMENT

I hereby voluntarily consent to be treated with acupuncture and other treatment within the scope of practice by Linda Phelps, LAc, EAMP, MSA, Dipl. Ac. (WA lic. #AC60161168) and/or other licensed acupuncturists who are associated with Purple Dragon Healing Arts a.k.a. Purple Dragon Community Acupuncture or are working with or in place of Linda Phelps, whether signatories to this form or not. I understand acupuncture does not replace primary medical care. In case of emergency, I will consult a physician or go to nearest ER.

I understand that acupuncture is safe but may result in side effects such as minor bruising, tingling, dizziness, temporary pain, bleeding, or unusual risks of infection, spontaneous miscarriage, nerve damage, organ puncture including lung puncture (pneumothorax). I understand that other side effects and risks may occur. I will inform my acupuncturist if I am or become pregnant, have a serious bleeding disorder, pacemaker, and/or have metal in my body prior to any treatment.

I hereby release Purple Dragon Healing Arts from any and all liability which may occur in connection with the above mentioned procedures. My participation is voluntary. I may discontinue participation at any time.

Signature _____ Date _____

Printed Name _____

FINANCIAL and CANCELLATION POLICY

Payment is due at time of service We accept cash, checks, and credit/debit cards. Checks may be made payable to Purple Dragon. To keep this clinic running smoothly, we require at least 12 hour advance notice of appointment cancellation. No shows and late cancellation will be subject to a \$15 fee due at next visit or sooner.

I agree to this financial and cancellation policy.

Signature _____ Date _____

PRIVACY NOTICE and CONSENT for GROUP TREATMENT

It is important that we all respect one another's privacy because patients are in close proximity to each other. We do this by speaking in soft voices and refraining from discussing anything we hear or see about other patients' treatments.

I consent to receive treatment in a group setting. I understand that it can be difficult to maintain complete privacy in this setting and that other people may overhear conversations between my acupuncturists and me. I understand that I can choose not to mention or have my acupuncturists not mention sensitive information in the group treatment room. This sensitive information may be addressed privately or in writing. I understand that my written health record will remain confidential regardless of the treatment setting.

Signature _____ Date _____

EMAIL PERMISSION

Yes No I hereby give this clinic and its staff permission to communicate with me via email.

Email address: _____