Acupuncture and Healing Bodywork

Initial Intake Form

Name_____ Phone (Day) _____Cell_____

Address_____City/State/Zip_____

Email_____ Occupation _____

Date of Birth_____ Referred by _____

Emergency Contact_____Phone_____

I authorize Stillpoint Acupuncture & Healing Bodywork to communicate files and/or NPI via email to me, I understand that I can revoke this authorization, in writing, at any time.

The following information will be used to help me plan a safe and effective treatment. Please answer the questions to the best of your knowledge.

Have you had Acupuncture before? Yes No

Do you have any difficulty lying on your front, back, or side? Yes No
If yes, please explain_____

Do you have any allergies to oils, lotions, ointments, fruits or nuts? Yes No
If yes, please explain_____

Do you have sensitive skin? Yes No

Are you wearing: □ contact lenses □ dentures □ a hearing aid □ prosthetics?

Do you sit for long hours at a workstation, computer, or driving? Yes No
If yes, please describe_____

Do you perform any repetitive movement in your work, sports, or hobby? Yes No
If yes, please describe_____

How do you feel the stress in your work, family, or other aspects of your life affects your health, and what is the biggest stressor? □ Muscle tension □Anxiety □ Insomnia □ Irritability □
Other_____

Is there a specific area of the body where you are experiencing tension, stiffness, pain or discomfort?
Yes No If yes, please identify_____

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248 563-5966 |Eran@acupuncturestillpoint.com | www.Acupuncturestillpoint.com
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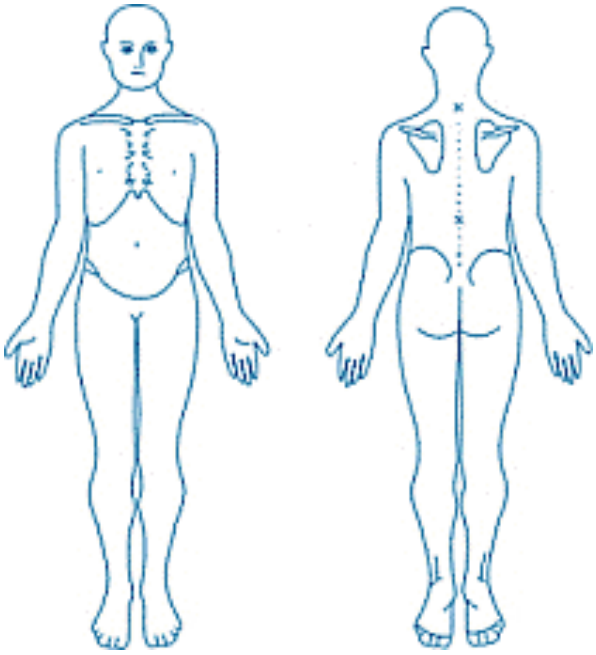
Please circle any specific areas you feel discomfort or pain:



Medical History

Do you currently or have you ever had any of the following: (please check)

- □ Phlebitis
- □ Tennis elbow
- □ Deep vein thrombosis/blood clots
- □ Recent fracture
- □ Joint disorder
- □ Recent surgery (including plastic)
- □ rheumatoid arthritis/osteoarthritis/tendonitis
- □ Artificial joint
- □ Osteoporosis
- □ Sprains/strains
- □ Epilepsy
- □ Current fever
- □ Headaches/migraines
- □ Swollen glands
- □ Cancer
- □ Allergies/sensitivity
- □ Diabetes
- □ Heart condition
- □ Decreased sensation
- □ High or low blood pressure
- □ Back/Neck problems
- □ Circulatory disorder
- □ Fibromyalgia
- □ Varicose veins
- □ TMJ
- □ Atherosclerosis
- □ Carpal tunnel syndrome
- □ Easy bruising
- □ Contagious skin condition
- □ Recent accident or injury
- □ Open sores or wounds
- □ Pregnancy If yes, how many weeks? _____

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Please state any hospitalization, medical procedures **(including plastic surgery and Botox / fillers)** and medical Test (MRI, CT scan…)

_____

_____

Are you currently under medical supervision? Yes No

If yes, please explain_____

Are you currently taking any medication? Yes No If yes, please list

Medication	Medical Condition

Please explain the reason(s) for your visit in the order of importance

1._____

2._____

3._____

Anything else you would like me to know or be aware of?

_____

_____

_____

I understand that the treatment I receive is provided for the basic purpose of enhancing my overall health and support the natural healing abilities of my body. If I experience any pain or discomfort during my session, I will immediately inform my practitioner. I further understand that this treatment **should not** be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that Eran Reznik is not qualified to perform adjustments, diagnose, prescribe medication, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. This is a complementary and supportive treatment only. I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep Eran Reznik Dipl.Ac., NCCAOM, LMBT and/or Stillpoint Acupuncture & Healing Bodywork updated as to any changes in my medical profile and understand that there shall be no liability on his part should I fail to do so.

Signature of client _____ Date _____

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