Total Health Guidance

Acupuncture

Welcome!

We are honored to have the opportunity to work with you. This packet contains information and forms that we will need to have on file for the first meeting.

Please review and complete the following documents:

1. Disclosure Statements — to be reviewed, *signed*, and returned to counselor.
2. Client Information Form — to be completed and returned to counselor.
3. HIPAA Notice of Privacy Rights - keep for your records.
4. Referral Sources – for you to review.

TOTAL HEALTH GUIDANCE

www.TotalHealthGuidance.com

REGIONS BANK BUILDING

5401 S. KIRKMAN RD. #760

ORLANDO, FL 32819

Acupuncture Intake Form

5401 S. Kirkman Rd. #760, Orlando, FL, 32811, 321-332-6984

Welcome! I would like to make your session as pleasant and as comfortable as possible. If at any time during the treatment you have questions, please let me know.

Patient Name: _____ Age: ____ Date of Birth: ___/___/___ Gender: _____

Address:_____

City:_____State:_____Zip: _____

Telephone (D): _____ Telephone (N): _____Telephone (M): _____

Email Address:_____

Occupation: _____

Referral Source: _____

Who is your primary health care provider/MD? _____

Emergency Contact: _____Phone:_____

Main Complaint *(Please identify your major health concerns)*

1. _____

   _____

   How long have you had this problem? _____
2. _____

   _____

   How long have you had this problem? _____
3. _____

   _____

- ☐ How long have you had this problem? _____
- ☐ Have you been given a diagnosis for these problems? _____
- ☐ What other treatments have you tried and what were the outcomes? _____

  _____

  _____

Personal Medical History *(Please include your childhood history)*

Illnesses	
Surgeries	
Significant Trauma: (i.e. motor vehicle accidents, fractures, etc.)	
Do have a history of current or past infectious disease? Please describe	
Medicines (please list all medications, herbs, vitamins and over the counter drugs)	
Allergies/Sensitivities (Please list any foods, drugs, medications or environmental factors which you are sensitive or allergic to)	

General (please check all that apply)

- ❑ Poor Appetite
- ❑ Hearing Loss
- ❑ Easy to Bleed or Bruise
- ❑ Strong Thirst
- ❑ Puffiness or Swelling
- ❑ Night Sweats
- ❑ Changes in Appetite
- ❑ Weakness
- ❑ Fevers
- ❑ Sweat Easily
- ❑ Poor Sleep
- ❑ Poor Balance
- ❑ Cravings
- ❑ Other:
- ❑ Sudden Energy Drops
- ❑ Chills
- ❑ Fatigue
- ❑ Tremors
- ❑ Weight Loss
- ❑ Weight Gain

Skin & Hair

- ❑ Rashes
- ❑ Skin Ulcers
- ❑ Hives
- ❑ Itching
- ❑ Eczema
- ❑ Pimples
- ❑ Dandruff
- ❑ Hair Loss
- ❑ Recent Moles

Head, Eyes, Ears, Nose, and Throat

- ❑ Dizziness
- ❑ Cataracts
- ❑ Taste/Smell Problems
- ❑ Eye Strain/Pain
- ❑ Nose Bleeds
- ❑ Migraines
- ❑ Recurrent Sore Throat
- ❑ Toothache
- ❑ Ear Ringing
- ❑ Headaches
- ❑ Night Blindness
- ❑ Facial Pain
- ❑ Ear Aches
- ❑ Lip or Tongue Sores
- ❑ Blurry Vision
- ❑ Sinus Problems
- ❑ Concussions
- ❑ Poor Hearing
- ❑ TMJ Pain
- ❑ Spots in Front of Eyes
- ❑ Floaters

Cardiovascular

- ❑ High Blood Pressure
- ❑ Cold Hands or Feet
- ❑ Swelling of Hands
- ❑ Phlebitis
- ❑ Low Blood Pressure
- ❑ Blood Clots
- ❑ Swelling of Feet
- ❑ Fainting
- ❑ Irregular Heartbeat
- ❑ Palpitations
- ❑ Chest Pain
- ❑ Lightheadedness

Respiratory

- ❑ Cough
- ❑ Phlegm
- ❑ Asthma
- ❑ Bronchitis
- ❑ Coughing Up Blood
- ❑ Painful Breathing
- ❑ Difficulty Breathing
- ❑ Pneumonia
- ❑ Easily Winded

Gastro-Intestinal

- ❑ Nausea
- ❑ Bad Breath
- ❑ Chronic Laxative Use
- ❑ Indigestion
- ❑ Blood in Stools
- ❑ Constipation
- ❑ Ulcers
- ❑ Vomiting
- ❑ Rectal Pain
- ❑ Hemorrhoids
- ❑ Diarrhea
- ❑ Abdominal Pain
- ❑ Intestinal Gas
- ❑ Belching

Urology

- ❑ Painful Urination
- ❑ Decrease in Urine Flow
- ❑ Cloudy Urine
- ❑ Pain in Groin Area
- ❑ Urgency to Urinate
- ❑ Frequent Urination
- ❑ Kidney Stones
- ❑ Sexually Transmitted Disease
- ❑ Unable to Hold Urine
- ❑ Blood in Urine
- ❑ Frequent Night Urination

Neuro-Psychological

- ❑ Seizures
- ❑ Twitches
- ❑ Irritability
- ❑ Poor Memory
- ❑ Tremors
- ❑ Areas of Numbness
- ❑ Lack of Coordination
- ❑ Loss of Balance
- ❑ Anxiety
- ❑ Concussion
- ❑ Depression
- ❑ Stress
- ❑ Mood Swings

Gynecology

- _____ Age of Menses
- _____ Duration of Menses
- _____ Date of Last Menses
- _____ # of Pregnancies
- _____ # of Births
- ❑ Irregular Periods
- ❑ Painful Periods
- ❑ Breast Lumps
- ❑ Spotting
- ❑ Vaginal Discharge
- ❑ Clots
- ❑ PMS
- ❑ Menopausal
- ❑ Yeast Infections
- ❑ Fertility Problems

Musculo-Skeletal

- ❑ Arthritis
- ❑ Muscle Spasms
- ❑ Pain with Weather Changes
- ❑ Muscle Weakness
- ❑ Scoliosis
- ❑ Pain with Activity
- ❑ Muscle Cramping
- ❑ Weak Joints
- ❑ Pain After Waking

REFERRAL SOURCES

Our counselor will review this page with you and answer any questions you may have.

We network with a group of trusted professionals on a weekly basis. If you are looking for someone to help you with any of the following services, please place an X next to that category and we will provide you with their business card or contact information.

Your Name: _____ **Date:** _____ **Okay to share**: E-mail: Y / N - Phone: Y / N

_____ A/C & Heating (sales & service)
_____ Acupuncture *(Offered here at Total Health Guidance)*
_____ Attorney - Business Law
_____ Attorney - Criminal Defense Traffic Tickets
_____ Attorney - Family (Divorce, Custody, Child-support, etc.)
_____ Attorney - Personal Injury
_____ Banker (personal or business)
_____ Business Consulting
_____ Business Marketing
_____ Caterer
_____ Chiropractor
_____ Counselor/Life Coach (Individual, Marriage & Family, Career) *(Offered here at Total Health Guidance)*
_____ CPA (Audit representation, Tax returns, Business Start-ups)
_____ Digital Marketing (SEO, Website Design, Video, Social Media)
_____ Financial Planner (Investments, IRA, 401k, etc.)
_____ Handyman/ Lawn Maintenance
_____ Health Insurance (Individual & Group benefits)
_____ Home Care Assistance
_____ Home Organizing
_____ Insurance (Auto, Home, Business)
_____ Interior Design
_____ Legal Shield/ Identity Theft
_____ Life Insurance
_____ Massage Therapy *(Offered here at Total Health Guidance)*
_____ Merchant Services
_____ Mover – Residential or Commercial
_____ Nutritional Counselor *(Offered here at Total Health Guidance)*
_____ Office Supplies
_____ Payroll Services
_____ Printing/ Promotional Products
_____ Private Investigator
_____ Residential Cleaning Service
_____ Residential Mortgage (purchase, re-fi, construction, reverse)
_____ Residential or Commercial Real Estate (Buying or selling)
_____ Travel Agent
_____ Wedding Minister