



Palm Springs Acupuncture Center

PALM SPRINGS ACUPUNCTURE

Patient Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Cell: _____

E-mail Address: _____

Emergency Contact: _____ Phone: _____

How did you hear about us? (Circle) Yelp / Google / Internet Referred by: _____

Height: _____ Weight: _____ Age: _____ Gender: _____

Date of Birth: _____ Occupation: _____

Main Complaints: _____

Other Physicians of practitioners who are treating you and for what conditions:

Medications/drugs/herbs/supplements you are taking: _____

Surgeries/Hospitalization: _____

Allergies: _____



Palm Springs Acupuncture Center

Additional Information you would like to add:

Print Name: _____

Date _____

Please mark applicable condition with X if present P if in the past.

HEAD & NECK

- ___ headaches
- ___ neck pain
- ___ neck swelling
- ___ dizziness / vertigo

EYES

- ___ glasses / contacts
- ___ blurry vision
- ___ eyesight worsening
- ___ eye pain
- ___ dry eyes
- ___ red eyes
- ___ itching eyes

EARS

- ___ hearing difficulties
- ___ earache
- ___ ringing in the ear
- ___ plugged ear

NOSE & THROAT

- ___ sinus problems
- ___ runny nose
- ___ congested nose
- ___ sneezing
- ___ frequent colds
- ___ nose bleeding
- ___ sore throat
- ___ hoarse voice

RESPIRATORY

- ___ wheezing
- ___ coughing
- ___ coughing up phlegm
- ___ chest congestion
- ___ shortness of breath
- ___ day sweats
- ___ night sweats

CARDIOVASCULAR

- ___ high blood pressure
- ___ palpitations
- ___ chest pain
- ___ swollen extremities
- ___ heart murmur
- ___ pace maker

SKIN

- ___ exzema / psoriasis
- ___ itchy / burning skin
- ___ acne
- ___ herpes
- ___ warts

MOUTH

- ___ bleeding gums
- ___ painful gums
- ___ jaw joint pain (t.m.j)
- ___ drooling
- ___ grinding teeth

DIGESTION

- ___ fatigue after eating
- ___ heartburn
- ___ belching
- ___ bad breath
- ___ abdominal pain
- ___ gas, bloating
- ___ nausea / vomiting
- ___ excess / lack of appetite
- ___ difficult swallowing
- ___ constipation
- ___ loose stools
- ___ ulcers
- ___ undigested food in stools
- ___ rectal pain
- ___ rectal bleeding
- ___ hemorrhoids
- ___ bitter /sour taste

URINARY

- ___ night frequency
- ___ day frequency
- ___ bed wetting
- ___ burning urination
- ___ bloody urination
- ___ clear / dark urine
- ___ difficult urination
- ___ painful / urgent urination
- ___ incontinence

MUSCULOSKELETAL

- ___ rib pain
- ___ weak legs & knees
- ___ tendonitis
- ___ bursitis
- ___ painful joints / muscles
- ___ back pain
- ___ shoulder pain
- ___ scoliosis
- ___ disc problems
- ___ sciatica
- ___ injuries
- ___ hip pain
- ___ wrist pain
- ___ foot pain
- ___ difficulty walking
- ___ muscle cramping
- ___ swollen, red joints
- ___ stiff neck
- ___ do you exercise

EMOTIONS

- ___ anger / frustration
- ___ anxiety
- ___ sadness /crying easily
- ___ grief
- ___ depression
- ___ mania
- ___ worry
- ___ irritable
- ___ difficulty making decisions
- ___ loss of memory
- ___ disturbing dreams
- ___ fear / phobias

NEUROLOGICAL

- ___ fainting
- ___ numbness
- ___ paralysis
- ___ sharp or burning pains
- ___ convulsions
- ___ tremors
- ___ stroke

SEXUALITY

- ___ decreased sexual desire
- ___ excess sexual desire
- ___ infertility
- ___ impotence
- ___ premature ejaculation

MALE

- ___ dribbling urination
- ___ weak urine stream
- ___ prostate problems
- ___ seminal emission
- ___ hernia
- ___ painful testicles

FEMALE

- last day of period _____
- days between periods _____
- days of flow _____
- heavy / light flow _____
- dark / pale color _____
- ___ p.m.s.
- ___ irregular period
- ___ pain before period
- ___ pain during period
- ___ pain after period
- ___ blood clots
- ___ bleeding between periods
- ___ bleeding after intercourse
- ___ vaginal itching / discharge
- ___ breast lumps / pain
- ___ menopause / post menopausal
- ___ fibroids / ovarian cysts

GENERAL

- ☐ recently gained / lost weight
- ☐ anorexia
- ☐ bulimia
- ☐ exhausted / fatigued
- ☐ feels too cold / hot
- ☐ cold hands / feet
- ☐ excess / lack of thirst
- ☐ armpit or groin swelling
- ☐ edema
- ☐ hair loss
- ☐ insomnia
- ☐ own a pet

HABITS

- ☐ smoke tobacco ☐ a day
- ☐ drink alcohol ☐ a day
- ☐ drink coffee ☐ a day
- ☐ use sleeping pills
- ☐ use tranquilizers
- ☐ use drugs
- ☐ exercise
- ☐ work with chemicals
- ☐ work involves sitting a lot
- ☐ physical work
- ☐ driving a lot

CHECK ANY OTHER CONDITION WHICH YOU HAVE HAD

- | | | |
|--|--|---|
| <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> hemorrhoids | <input type="checkbox"/> migraines |
| <input type="checkbox"/> anemia | <input type="checkbox"/> hepatitis | <input type="checkbox"/> mumps |
| <input type="checkbox"/> asthma | <input type="checkbox"/> hemophilia | <input type="checkbox"/> pancreatitis |
| <input type="checkbox"/> bronchitis | <input type="checkbox"/> herpes/shingles | <input type="checkbox"/> pneumonia |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> immune deficiency | <input type="checkbox"/> rheumatic fever |
| <input type="checkbox"/> ear infections | <input type="checkbox"/> chronic fatigue | <input type="checkbox"/> scarlet fever |
| <input type="checkbox"/> emphysema | <input type="checkbox"/> jaundice | <input type="checkbox"/> thyroid disorder |
| <input type="checkbox"/> eye infections | <input type="checkbox"/> kidney stones | <input type="checkbox"/> tumors |
| <input type="checkbox"/> fungal infections | <input type="checkbox"/> liver disease | <input type="checkbox"/> arthritis |
| <input type="checkbox"/> gall stones | <input type="checkbox"/> malaria | <input type="checkbox"/> yeast infections |

OTHER

Telehealth / Herb Consultation Policies

New Patient Intake Forms:

Please download and print the new patient forms from our website. Fill them out and email or fax them back to us at least **1 day prior** to your appointment time.

Email: info@palmspringsacupuncture.com

Fax: 760-699-7493

We will email you a link to log in for your appointment.

Please log in at least 5 minutes before your appointment time. You will wait in our virtual waiting room and the doctor will be informed that you are there. He will initiate the visit at the scheduled time.

Payment:

Payment is due prior to the time of service. We will take your credit card information when you book your appointment. The consultation fee will be charged at that time. The cost of herbs and shipping will be charged when we ship them.

Fees:

New patient visit is \$150 for the consultation (up to 20 minutes) + cost of herbs and shipping.

Established patient visit is \$100 for follow up appointments to check on progress and / or modify their formula (up to 15 minutes) + cost of herbs and shipping

Established patient visit for a *new* condition (up to 20 minutes) is \$150 + cost of herbs and shipping.

There is no consultation fee for refills, just the cost for herbs and shipping.

150 grams of granulated extract for your custom herbal formula is \$100 + shipping (2-4 weeks supply, dependent on dosage)

Topicals, Lozenges, Syrups, Capsules, Chinese patent medications and Plasters - prices vary.

Cancellation Policy:

We understand that, on occasion, circumstances arise which may prevent you from attending a scheduled appointment. To avoid being charged, ***our policy requires that you give us 24 hours notice that you are canceling your appointment or you will be charged in full for that appointment.***

Telehealth:

I understand that Telehealth is the use of electronic information and communication to deliver services to an individual when they are located in a different site than the provider; and hereby consent to Palm Springs Acupuncture Center and Michael Boyer, L.Ac. to provide services to me via Telehealth.

I understand that I am responsible for my own choices about my health and any treatment recommended by Palm Springs Acupuncture Center and Michael Boyer, L.Ac.

I agree to all of the above:

Signed: _____

Name: _____

Date: _____