



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 or practitioners who are treating you and for what conditions:

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

Surgeries/Hospitalization: _____

Allergies: _____



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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

Financial Policy

General

Payment is due at the time of service. Your initial visit is \$175 and includes your intake, evaluation for acupuncture and your first treatment. Ongoing acupuncture treatments are \$150. Because acupuncture usually requires a series of treatments, we offer packages so you can prepay and receive a discount which can significantly reduce the overall cost of your visits. Please see our acupuncture price list. Packages are valid for one year from date of purchase. **WE DO NOT GIVE REFUNDS. If you are not sure you will use all the visits in a package, you may choose to pay full price at each visit instead.** Packaged sessions can be shared among family members.

Insurance

A quote of benefits and/or authorization does not guarantee payment or verify eligibility. Payment of benefits are subject to all terms, conditions, limitations, and exclusions of the members contract at time of service. Your health insurance company will only pay for services that it determines to be “reasonable and necessary”. If your insurance company determines that a certain service is not reasonable and necessary, or that a certain service is not covered under the plan, your insurer will deny payment for that service, and you will be responsible for any co-payment, deductible, or co-insurance that applies. If any insurance payment is made directly to you for services billed by Palm Springs Acupuncture Center, you agree to promptly remit payment to the center.

Herbal Consultation

Herbal medicine evaluation and diagnosis is **separate** from acupuncture and it is charged separately. There is a \$150 fee for herb consultation. This fee is reduced to \$60 if your herb consultation is given in conjunction with an acupuncture treatment. Herbal consultation includes pulse diagnosis techniques when appropriate, custom herbal prescription, preparation of your formula and instructions. There is no consultation fee for refills or minor modifications. We only charge a consultation fee for a new condition or new formula.

Cancellation Policy

We understand that, on occasion, circumstances arise which may prevent you from attending a scheduled appointment. To avoid any missed appointment charge, our policy requires that you give us 24 hrs. notice that you are canceling your appointment or you will be billed for that appointment. We appreciate your cooperation in this regard.

I have read and agree to abide by the above policies.

Print Name _____ Date _____

Signature _____