Acupuncture of Northwestern PA
Intake Form

Name:_____ Date of Birth: _____

Address: _____City: _____State: _____ Zip: _____

Phone Numbers: (home) _____ (work/cell) _____ email:_____

Emergency Contact:_____ Emerg. Phone #: _____

Occupation: _____ Primary Physician: _____

I have been treated by Acupuncture before - Yes / No If yes, date of last treatment: _____

Medications / supplements currently taking: _____

_____

_____

Allergies (food, drugs, etc)_____

Do you have any know heart disease issues? Yes / No Do you have a pacemaker? Yes / No

(women only) Are you pregnant or could you be pregnant? Yes / No

List Surgeries (please include date) _____

_____

List significant Traumas (physical or emotional such as injuries) _____

_____

Past Medical History/Illnesses (check all that apply):

- ☐ Cancer
- ☐ Diabetes
- ☐ Drug/Alcohol Addiction
- ☐ Gallstones
- ☐ Heart Disease
- ☐ Hepatitis
- ☐ High Blood Pressure
- ☐ Kidney Disease
- ☐ Pneumonia
- ☐ Rheumatic Fever
- ☐ Seizures
- ☐ Stroke
- ☐ other_____ _____

Current Symptoms (check all that apply):

- ☐ Dizziness
- ☐ Fatigue
- ☐ Fainting
- ☐ Seizures
- ☐ Headache
- ☐ Phlegm in throat
- ☐ Poor balance
- ☐ Ringing in ears
- ☐ Sinus issues
- ☐ Vision Problems
- ☐ Persistent cough
- ☐ High blood pressure
- ☐ Breathing difficulties
- ☐ Nighttime urination
- ☐ Urination difficulties
- ☐ Low sexual energy
- ☐ Night sweats
- ☐ Weight loss
- ☐ Weight gain
- ☐ Excessive thirst
- ☐ Insomnia
- ☐ Irritability
- ☐ Feel sad a lot
- ☐ Anxiety
- ☐ Constipation
- ☐ Diarrhea/ Loose stools

Lifstyle

- ☐ Healthy diet
- ☐ Drink alcohol
- ☐ Smoke/chew tobacco
- ☐ Drink coffee/caffeine
- ☐ Crave sweets
- ☐ Exercise

Pain in:

- ☐ Arms
- ☐ Feet
- ☐ Hands
- ☐ Joints
- ☐ Legs
- ☐ Shoulders
- ☐ All Over

Women only:

- ☐ Date of last PAP _____
- ☐ Bleed between periods
- ☐ Irregular Periods
- ☐ Heavy Periods
- ☐ Painful Periods
- ☐ Menopausal problems
- ☐ Vaginal Discharge

Men only:

- ☐ Impotence
- ☐ Genital Pain

Tests:

- ☐ Xray(s)
- ☐ CAT scan
- ☐ MRI
- ☐ Blood work

CONSENT TO TREATMENT

I hereby voluntarily consent to be treated by Vincent Ganoe, L.Ac. with Oriental medical procedures, which may include acupuncture, moxibustion, cupping, gua sha, acupressure, massage, Chinese herbal medicine, or nutrition and lifestyle counseling. Vincent Ganoe is a licensed Acupuncturist in the state of Pennsylvania.

I understand that acupuncture is performed by the insertion of sterile needles through the skin, or by the application of heat to the skin, or by both, at certain points on or near the surface of the body in an attempt to treat body dysfunctions or diseases and to normalize the body's physiological functions.

I understand that all of my patient records as well as information I share with my acupuncturist will be kept confidential. No records or information will be released without my written consent. While acupuncture is generally a safe method of treatment, I am aware that certain side effects may result. These could include, but are not limited to, some local bruising, bleeding, dizziness, fainting, temporary pain and discomfort, numbness or tingling near the needling sites that may last a few days and temporary aggravation of symptoms in existence prior to treatment.

I am aware that if there is a worsening of my ailment or condition or if it does not improve within the time estimated by the acupuncturist, or if a new ailment or condition appears that I should consult my personal physician or any other licensed physician.

I understand that I should inform my acupuncturist prior to being treated if I believe I might be pregnant.

I understand that no guarantees concerning acupuncture's use and effects are given to me, and that I am free to stop acupuncture treatment at any time.

None of the foregoing provisions preclude the administration to me of conventional medical therapy by a licensed physician when such therapy is deemed appropriate.

I have carefully read and understand all the foregoing and so am fully aware of what I am signing. I have felt free to ask any questions.

Patient_____Date_____

Acupuncture of Northwestern PA
Vincent Ganoe, L.Ac.

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