



Acupuncture • Chinese Herbal Medicine • Nutritional Consulting
1533 Danforth Ave. • Toronto, ON • M4J 5C3 • 416-465-3304

Acupuncture Health History Form

Name: _____	Date of Birth: _____	Gender: M F
Address: _____	City: _____	Postal Code: _____
Home phone #: _____	Alternate phone #: _____	
E-mail address: _____@_____		
Profession: _____	Full or part-time? (circle)	
Emergency Contact #: _____	Relationship: _____	
How did you hear about Drew? _____		

Please describe your chief concern(s). How long have you been affected?

Have you been given a diagnosis for the chief concern(s) above by your Doctor? If yes, please describe diagnosis and year it was diagnosed:

Please list all current medications/herbs/supplements:

Please describe your current level of stress (low – moderate – high):

Are you currently under the care of any of the following medical professionals?

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Medical Doctor | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Nutritionist |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Naturopath | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Acupuncturist | <input type="checkbox"/> Massage Therapist | <input type="checkbox"/> Other: _____ |

Please check all that apply:

Musculoskeletal System

- Arthritis
- Artificial Joint
- Bursitis
- Carpal Tunnel Syndrome
- Joint Pain
- Muscular Dystrophy
- Osteoporosis
- Plantar Fasciitis
- Tendonitis
- Whiplash

Respiratory System

- Asthma
- Allergies
- Bronchitis
- Sinusitis
- Frequent Cold/ Flu

Circulatory System

- Atherosclerosis
- Thrombosis
- Heart Attack
- High Blood Pressure
- Low Blood Pressure
- Stroke
- Varicose Veins
- Poor Circulation

Digestive System

- Recent change in appetite
- Acid Reflux
- Diarrhea
- Constipation
- Ulcers
- Food Allergies
- Gall Stones
- Hepatitis

Immune System

- Cancer
- Chronic Fatigue Syndrome
- Fibromyalgia
- Diabetes
- Edema
- HIV/AIDS
- Lupus
- Lymphoma

Nervous System

- Alzheimer's
- Headaches or Migraines
- Multiple Sclerosis
- Parkinson's Disease
- Seizures
- Sleep Disorders
- Shingles
- Spinal Cord Injury

Integumentary System (Skin)

- Burns
- Dermatitis
- Eczema
- Fungal Infections
- Impetigo
- Scars
- Rash

Emotions

- Depression
- Anxiety
- Grief
- Anger

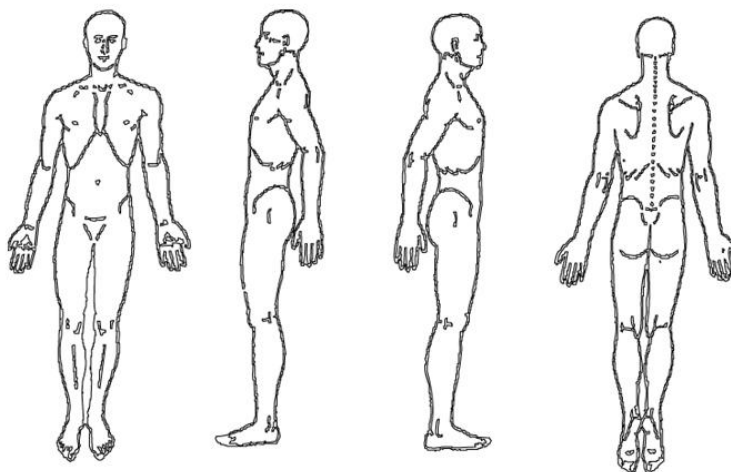
Female Reproductive System

- Irregular Menstruation
- Painful Menstruation
- Difficult Conception
- Miscarriage
- Endometriosis
- Menopause
- Hysterectomy

Urinary System

- Frequent Urination
- UTI
- Kidney Stones

Please shade all areas of pain and/or discomfort



Please describe the nature and intensity of your pain:

Intensity scale (please circle):

(no pain) 1-2-3-4-5-6-7-8-9-10 (extreme pain)

Type of pain (please circle):

Sharp – Dull – Achy – Numb – Radiating

Other: _____

Consent for Treatment

Please read the information below carefully and ask Drew if there is anything that you do not understand.

Once completed, please sign and date the form below.

Treatment Options: Your treatment may include acupuncture, Chinese herbs, moxibustion, cupping, electro-acupuncture, acupressure, dermal friction (Gua Sha), infra-red (heat lamps), therapeutic exercises and nutritional counselling.

Treatments are based on the theories of Traditional Chinese Medicine (TCM) and do not, in any way, take the place of treatment or a diagnosis by a medical doctor.

Potential side-effects of treatment:

When performed correctly, acupuncture is extremely safe. However, you need to be aware of the following:

- Drowsiness may occur after treatment in a small number of patients.
- Minor bleeding or bruising may occur after acupuncture treatments.
- Fainting can occur in certain patients, particularly at the first treatment. Lying down during treatment drastically reduces this issue. Tell your acupuncturist if you feel light headed during treatment.
- Some acupuncture points are contraindicated in pregnancy, please inform Drew if you are currently pregnant or are trying to get pregnant.
- Pnuemothorax (collapsed lung) is a condition which can occur if deep needling is performed on the chest or back. This is extremely rare. Please tell your practitioner if you experience chest pain post treatment.

Drew uses only single-use, sterile, disposable needles in his clinic. Drew is Clean Needle Technique (CNT) certified from the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) from the U.S.

It is important to let your practitioner know the following:

- if you have ever experienced anxiety surrounding needles or are prone to fainting
- if you have a pacemaker or any other electrical implants
- if you have a bleeding disorder
- if you are taking anti-coagulants or any other medication
- if you have damaged heart valves or have any other particular risk of infection (suppressed immune system)
- if you are pregnant or trying to get pregnant

Consent

I consent to the performance of acupuncture and other TCM techniques with Drew Nesbitt BA, TCMP, Ac., ROHP. I understand that I am free to withdraw my consent and that I may stop treatment at any time. I understand that my signature on this form indicates that I have read and understood the preceding information regarding my treatment. I understand that if I have any questions about this information, I should ask my acupuncturist. I also understand that if I fail to cancel an appointment within 24 hours notice, I will be charged the full amount of my session.

Print name: _____ Signature: _____

Date: _____