

# Sloth Around Community Acupuncture & Wellness

10223 17th Ave. SW • Seattle, Wa • 98146

PATIENT INFORMATION	CONTACT INFORMATION
<p>Date _____</p> <p>Name _____</p> <p>Address _____</p> <p>City State Zip _____</p> <p>Age _____ Birthdate _____</p> <p>Gender Identity _____ Pronoun _____</p> <p>Occupation _____</p> <p>Company name _____</p> <p>Primary physician _____</p> <p>Have you had acupuncture before? _____</p>	<p>Primary Phone _____</p> <p>Other phone _____</p> <p>Email _____</p> <p>How did you hear about us? _____</p> <p>Another person we may contact if needed:</p> <p>Name _____</p> <p>Relationship _____</p> <p>Phone _____</p>
HEALTH HISTORY	
<p>What are your primary concerns for coming in for treatment?</p> <p>1- _____</p> <p>2 - _____</p> <p>3 - _____</p> <p>How is your sleep? _____</p> <p>_____</p> <p>How is your digestion? _____</p> <p>_____</p> <p>List medications or food supplements you are taking.</p> <p>_____</p> <p>_____</p> <p>List serious illnesses, accidents or surgeries.</p> <p>_____</p> <p>_____</p> <p>Circle illnesses that have occurred in blood relatives. Diabetes Stroke Cancer Heart disease Lung disease Kidney disease Autoimmune disease</p>	<p>Check symptoms you have or have had in the last year:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Depression</li><li><input type="checkbox"/> Difficulty in focusing</li><li><input type="checkbox"/> Dizziness</li><li><input type="checkbox"/> Easily startled</li><li><input type="checkbox"/> Excessive worry</li><li><input type="checkbox"/> Excessive anger</li><li><input type="checkbox"/> Excessive fear</li><li><input type="checkbox"/> Fatigue/tiredness</li><li><input type="checkbox"/> Headaches</li><li><input type="checkbox"/> Loss of sleep/poor sleep</li><li><input type="checkbox"/> Loss or gain of weight</li><li><input type="checkbox"/> Nervousness/irritability</li><li><input type="checkbox"/> Overwhelmed by life</li></ul> <p>Check conditions you have or have had in the past:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> HIV/AIDS</li><li><input type="checkbox"/> Allergies</li><li><input type="checkbox"/> Anemia</li><li><input type="checkbox"/> Arthritis</li><li><input type="checkbox"/> Bleeding disorders</li><li><input type="checkbox"/> Breast lump</li><li><input type="checkbox"/> Cancer</li><li><input type="checkbox"/> Diabetes</li></ul>

Check symptoms you have or have had in the last year:

**MUSCLE/JOINT/BONES**

- Tremors or Cramps
- Swollen joints

Pain, weakness, numbness in:

- Arms or legs
- Back or hips
- Feet
- Neck
- Hands
- Shoulders
- Other \_\_\_\_\_

**EYES/EAR/NOSE/THROAT/RESPIRATORY**

- Asthma/wheezing
- Blurred or failing vision
- Difficulty breathing
- Earache
- Enlarged glands
- Eye pain
- Frequent colds
- Hay fever
- Hoarseness
- Gum trouble
- Nose bleeds
- Loss of hearing
- Persistent cough
- Ringing in ears
- Sinus problems

**SKIN**

- Boils
- Bruise easily
- Dry skin
- Itching/rash
- Sensitive skin
- Sore won't heal
- Sweats

**GENITO/URINARY**

- Blood/pus in urine
- Frequent urination
- Inability to control urine
- Kidney infection/stones
- Lowered libido

**CARDIOVASCULAR**

- Chest pain
- Hardening of arteries
- High or low blood pressure
- Pain over heart
- Poor circulation
- Previous heart attack
- Rapid/irregular heart beat
- Swelling of ankles

**GASTROINTESTINAL**

- Belching, gas or bloating
- Colon trouble
- Constipation
- Diarrhea
- Difficulty swallowing
- Distention of abdomen
- Excessive hunger
- Gall bladder trouble
- Hemorrhoids (piles)
- Indigestion
- Nausea
- Pain over stomach
- Poor appetite
- Vomiting

**REPRODUCTIVE HEALTH**

- Erection difficulties
- Penis discharge
- Prostate trouble

**GYNECOLOGY**

- Bleeding between periods
- Clots in menses
- Excessive menstrual flow
- Extreme menstrual pain
- Irregular cycle
- Menopausal symptoms
- PMS
- Previous miscarriage
- Scanty menstrual flow

Could you be pregnant? \_\_\_\_\_

**SIGNATURE**

The information on this form is correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Informed Consent for  
Sloth Around Community Acupuncture & Wellness  
10223 17th Ave SW • Seattle, WA • 98146**

In accordance with WAC 246-82-120, we bring the following to your attention:

1. Practitioner's Qualifications:

Lynn Bondi, EAMP, American College of Traditional Chinese Medicine, MA, 2002, WA DOH, license # AC60302380.

2. Scope of Practice: The scope of practice for an acupuncturist in the state of Washington includes but is not limited to, use of acupuncture needles to stimulate acupuncture points and meridians and dietary advice based on traditional Chinese medical theory.

3. Side effects such as local bruising, needle sickness, broken needles, pain at site of insertion, infection, pneumothorax, temporary aggravation of symptoms that existed prior to treatment are rare but possible.

4. Patients with severe bleeding disorders or pace makers should inform practitioner prior to any treatment. Please inform us if you are pregnant.

5. Please turn off your cell phone before entering the treatment area. Thank You.

6. To reduce the possibility of infection, all needles are pre-sterilized, one-time-use-only, made of surgical stainless steel. In accordance with WAC 246-802-110: If you are affected by any of the following conditions, we are required to request that you consult with a physician and provide a written diagnosis from him/her, or have the physician call us: Cardiac conditions including uncontrolled hypertension, Acute abdominal symptoms, Acute undiagnosed, neurological changes, Unexplained weight loss or gain in excess of fifteen percent body weight within a three month period, Suspected fracture or dislocation; Suspected systemic infection; Any serious undiagnosed hemorrhagic (bleeding) disorder; and Acute respiratory distress without previous history or diagnosis.

7. I understand that acupuncture is practiced in a group setting at Sloth Around . I understand that my conversations in the group room may be overheard by others sitting nearby. I understand that if I need to have a private conversation with the acupuncturist, it is best to do so by telephone or by scheduling an appointment to talk privately. I understand that Sloth Around may document in writing medical and other information concerning my treatment. I understand that Sloth Around abides by federal regulations regarding patient privacy and will keep my information confidential. I understand that my information may be shared if required by law or if I have given express written permission.

**8. I understand that there is a \$30 fee for missed appointments or appointments that are not canceled 24 hours before the appointment time.**

With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Sloth Around Community Acupuncture regarding cure or improvement of my condition. I hereby release Sloth Around Community Acupuncture from any and all liability which may occur in connection with the above mentioned procedures. I understand that I am free to withdraw this consent and to discontinue participation in these procedures at any time.

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Name (Please print)

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Signature of patient

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date