

General Acupuncture Intake Form

Please complete your intake form before your visit. All information is confidential.

First name:	Last name:
Date of birth:	Care card number:
E-mail:	Mobile phone:
Address:	
City:	Postal code:
Occupation:	
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Other _____

Emergency contact:	
Relationship to you:	
Phone:	
Guardian (if you are < 18):	

Family physician name:	
Phone:	
How did you hear about Dr. Emilie Salomons?	

Please help me help you! Fill out in detail, the more thorough and open you are, the better I can support you.

<p>Is there something about you or your health that I should know before we meet, so that I can better support your needs?</p>
<p>Main complaint / most important health goal (please describe):</p>

Have you received a diagnosis for your condition(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
If yes--what is the diagnosis, by whom was it made and how long has it been persisting?	
Does anyone in your family have this condition?	<input type="checkbox"/> Your Siblings <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Paternal Grandparent <input type="checkbox"/> Maternal Grandparent <input type="checkbox"/> Not Applicable
Have you had Acupuncture before?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Rate your daily energy level on a scale of 1-10, where 1=can't get out of bed, 5=move through the motions, and 10=bounce out of bed: _____	
Rate your daily stress level on a scale of 1-10 where 1=no stress, 5=daily stresses but managing, and 10=stress interferes with my daily life: _____	
How many bowel movements do you have a day?	
How many hours of sleep do you get per night?	
Do you participate in the following activities? (Check all that apply)	<input type="checkbox"/> Yoga <input type="checkbox"/> Hot Yoga <input type="checkbox"/> Biking <input type="checkbox"/> Swimming <input type="checkbox"/> Running <input type="checkbox"/> Fitness Class <input type="checkbox"/> Walking <input type="checkbox"/> Gym <input type="checkbox"/> CrossFit <input type="checkbox"/> Triathlete <input type="checkbox"/> Marathon Training <input type="checkbox"/> Other _____
Do you consume/use the following? (Check all that apply)	<input type="checkbox"/> Cigarettes <input type="checkbox"/> Alcohol <input type="checkbox"/> Recreational Drugs <input type="checkbox"/> Coffee <input type="checkbox"/> Pop <input type="checkbox"/> Sauna / Hot Tub

Please list any *prescription medication* (and dose) or *over the counter drugs* currently taking:

Please list *herbal medicine* and *other supplements* (and dose) currently taking:

Please list any allergies (food, drugs, environmental, etc.):

Have you been hospitalized and/or treated for any infectious/serious conditions or surgeries?

- Yes
- No

If yes, briefly explain for what condition or reasons and the year:

Do you have any other information you would like to share prior to your appointment?

Consents

Accuracy of Information

- I certify that the above medical information is correct to my knowledge.

Privacy and Sharing of Information

I authorize the clinic and Dr. Emilie Salomons to collect my personal and medical information as documented above. In addition, I authorize the clinic and Dr. Emilie Salomons to communicate with my family doctor, midwife and/or referring doctor as deemed necessary for my beneficial treatment. I also understand that my personal and medical information is confidential and will only be disclosed with my permission.

- I agree

Cancellation Policy

Your appointment time is reserved just for you. A late cancellation or missed visit leaves a hole in Dr. Emilie Salomons' day that could have been filled by another patient. As such, we require 24 hours notice for any cancellations or changes to your appointment. Patients who provide less than 24 hours notice, or miss their appointment, will be charged a cancellation fee.

- I am aware of the Cancellation Policy.

Informed Consent

While acupuncture and Chinese Medicine provided by Dr. Emilie Salomons has proven to be highly effective in correcting conditions and maintaining overall well-being, all practitioners in BC are required to advise patients that there may be some risks. Although practitioners cannot anticipate all the possible risks and complications that may arise with each individual case, you should be aware that the following side effects can occur. If there are particular risks that apply in your case, Dr. Emilie Salomons will discuss these with you.

What are the possible side effects of acupuncture?

- Drowsiness can occur in a small number of patients, and if affected, you are advised not to drive;
- Minor bleeding or bruising can occur from acupuncture;
- In less than 3% of patients, symptoms may become worse before they improve for 1-2 days following treatment. This is usually a good sign. Please advise Dr. Emilie Salomons if worsening of symptoms continues for more than 2 days;
- Fainting can occur in certain patients, particularly at the first treatment.

What are the possible side effects of Chinese Medicine and other treatments provided at this clinic?

- Bruising (looks like a circular hickey) is a common side effect of cupping;
- The herbs and nutritional supplements from plant, animal and mineral sources that have been recommended are traditionally considered safe in the practice of Chinese Medicine, although some may be toxic in large doses or inappropriate during pregnancy.

Is there anything Dr. Emilie Salomons needs to know? Apart from the usual medical details, it is important that you let your practitioner know:

- If you have ever experienced a fit, faint, or other odd detached sensations;
- If you have a pacemaker or any other electrical implants;
- If you are pregnant;
- If you have a bleeding disorder;
- If you are taking anticoagulants (blood thinners) or any other medication;
- If you have damaged heart valves or have any other particular risk of infection.

Rare Complications

When administered by a properly trained and registered practitioner, acupuncture is considered a very safe procedure. Dr. Emilie Salomons uses single-use, sterile, disposable needles. However, although rare, significant complications have been reported in the literature that you should be made aware of. These include pneumothorax, perforation of an internal organ, infection, and nerve damage.

Again, as a registered BC acupuncturist/Dr. TCMs, rigorous training in safe needle techniques occurs, thus these complications are extraordinarily rare. If you have any questions or concerns in this regard, do not hesitate to speak with Dr. Emilie Salomons about it.

Please note that this form must be signed prior to your first appointment.

I have read and agreed to the terms outlined above.

Electronically signed:	
Date:	

Note: After completion of this form, please save it to your computer (laptop or desktop preferred--phones and tablets may not work), and then e-mail to info@inletbirth.ca so we can upload the completed form to your chart. Thank you!