



# BALANCED HEALTH

## Acupuncture & Wellness Clinic

#204 2nd Floor  
926 7th Avenue  
Invermere, BC

☎ (250) 341-4806  
📠 (250) 341-4807  
[info@balancedhealth.co](mailto:info@balancedhealth.co)  
[www.balancedhealth.co](http://www.balancedhealth.co)

At Balanced Health Acupuncture & Wellness Clinic, we believe that looking after ourselves is not only important, but necessary. Our core practice is acupuncture, part of the age-old Chinese medical system that uses needles to stimulate Qi. Balanced Health offers a holistic Eastern approach to health that is an effective complement to Western Medicine.

### CONFIDENTIAL INTAKE FORM

# ACUPUNCTURE & CHINESE MEDICINE

Chinese Medicine is a holistic medicine; this means it is treating the person as a whole. In order to come up with an accurate diagnosis and understanding of an individual all aspects of their life must be discussed. Please take your time filling out the following intake form - it will enable you to receive the care you deserve.

By analyzing the information you provide a very unique diagnosis will be explained to you and a treatment plan will be made based on the diagnosis, treating the symptoms as well as the underlying root. The goal is to bring your health and lifestyle into balance. All information is kept confidential between you and your practitioner. Thank you for taking responsibility for your health and well being.

Name:

Age:

Date of Birth:

Phone:

Cell:

Work:

Email :

Address:

City, town, postal code:

Emergency contact:

Phone:

Relationship to you:

Family doctor:

BC Health #:

Sex: M F Height:

Weight:

Marital Status: Single Married Separated Divorced Widowed

Major complaint/Health challenge

How did this condition develop?

How long has this condition persisted?

Is there anything that makes it better?

Is there anything that makes it worse?

Have you ever received treatment for this condition? Yes No

If yes, when?

Where?

By whom?

What was the diagnosis?



# BALANCED HEALTH

Acupuncture & Wellness Clinic

#204 2nd Floor  
926 7th Avenue  
Invermere, BC

☎ (250) 341-4806  
📠 (250) 341-4807  
info@balancedhealth.co  
[www.balancedhealth.co](http://www.balancedhealth.co)

The needles are reminding your body how to heal itself.

## CONFIDENTIAL INTAKE FORM

# ACUPUNCTURE & CHINESE MEDICINE

Results of the treatment?

List any substances that you are allergic to:

List any prescription and non-prescription medications that you are currently taking:

Medication	Strength	# per day	Start date
------------	----------	-----------	------------

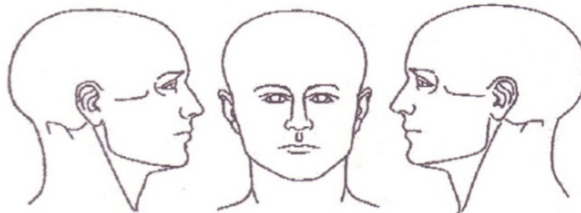
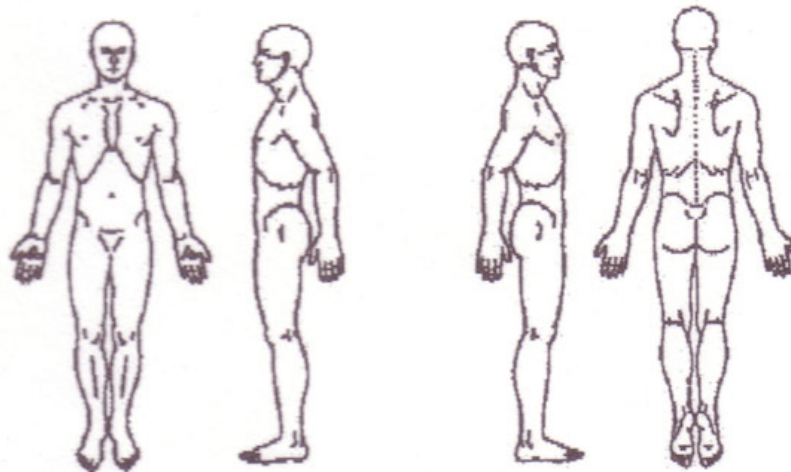
List any major surgeries you have had:

Date	Problem	Surgery
------	---------	---------

Significant trauma (auto accidents, falls etc):

Do you have any religious or spiritual beliefs that you wish to share?

Do you experience pain or discomfort in any area of your body? Please mark where on the diagram below. *If filling out digitally, you can do this part at Balanced Health during your initial consultation.*



Check any of the following that you would use to describe your pain:

- |                           |                      |                     |          |
|---------------------------|----------------------|---------------------|----------|
| Burning pain              | Radiating pain       | Pain comes and goes | Weakness |
| Pain alleviated with cold | Constant pain        | Pain moves around   | Numbness |
| Pain alleviated with heat | Fixed pain           | Stabbing pain       |          |
| Better with pressure      | Affecting daily life | Acute pain          |          |
| Worse with pressure       | Dull pain            | Chronic pain        |          |
| Sharp pain                | Decreased mobility   | Pain from trauma    |          |

HEALTH HISTORY  
MUSKULOSKELETAL



# BALANCED HEALTH

Acupuncture & Wellness Clinic

#204 2nd Floor  
926 7th Avenue  
Invermere, BC

☎ (250) 341-4806  
📠 (250) 341-4807  
info@balancedhealth.co  
[www.balancedhealth.co](http://www.balancedhealth.co)

My purpose in life is to find the truth of my own soul and being, and to assist all those I cross paths with to do the same.

## CONFIDENTIAL INTAKE FORM

# ACUPUNCTURE & CHINESE MEDICINE

Type(s) of care that interest you:

- |                      |                          |
|----------------------|--------------------------|
| Acupuncture          | Allergy treatment (NAET) |
| Esoteric acupuncture | Aromatherapy             |
| Herbal medicine      | Other wellness services  |

What are your health goals? e.g. Run a marathon. Feel more balanced. Get pregnant.

Have you ever had acupuncture before? Yes No  
How did you hear about Balanced Health?

### MAJOR ILLNESS

AIDS/HIV  
Alcoholism  
Arthritis  
Autoimmune Disease  
Birth Trauma  
Cancer  
Childhood illness  
Diabetes  
Drug Addictions  
Eating disorder  
Epilepsy  
Gallstones  
Heart disease  
Hepatitis  
Rheumatic Fever  
Seizures  
Stroke  
Thyroid disease  
Venereal disease

### EYES & VISION

Cataract  
Eyes dry  
Eye pain/strain  
Eyes watery  
Eyes itchy  
Eyes red/inflamed  
Vision - corrected  
Vision - see halos  
Vision - blurred  
Vision - double  
Vision - floaters

### DIET/LIFESTYLE

Vegetarian  
Healthy diet  
Eat too much fried foods  
Eat too much meat  
Smoke cigarettes  
Drink alcohol  
Drink coffee  
Use drugs  
Eats lots of sweets  
Take melatonin  
Take steroids  
Exercise regularly  
Exercise excessively

### HEAD & NECK

Heaviness in head  
Phlegm in throat  
Hoarseness  
Nosebleeds  
Sore throat (recurrent)  
Nasal obstructin  
Nasal discharge  
Sense of smell loss  
Headaches  
Sinus infections  
Sinus congestion  
Coughing of phlegm  
Runny nose  
Sores on lips  
Sores on tongue  
Sores in mouth  
Taste change  
Teeth problems

### EARS & HEARING

Earache  
Ear discharge  
Hearing loss  
Ringing in the ears  
high pitch  
low pitch

### EMOTIONAL

Anxiety  
Depression  
Difficulty expressing  
Insecure  
Insomnia  
Irritability  
High levels of stress  
Often feel angry  
Troubling dreams  
Cry uncontrollably  
Feel sad a lot  
Forgetful  
Mind not clear  
Not satisfied with relationship  
Poor memory  
Much fear  
Unrestrained joy  
Terrors

### WEIGHT

Underweight  
Normal for height  
Overweight

### NEUROLOGICAL

Fainting  
Convulsions  
Handwriting change  
Paralysis  
Stroke  
Seizures  
Tremor  
Recent clumsiness  
Drowsiness  
Vertigo

### SKIN

Thick skin  
Broken blood vessels  
Blood not clotting  
Bruise easily  
Discolouration  
Dark circles around eyes  
Bags under eyes  
Lumps in groin  
Lumps underarm  
Dry skin  
Acne  
Skin rash  
Brittle nails  
Premature grey hair  
Dry brittle hair  
Hair falling out

Describe your body temperature:

Hot Cold Comfortable Sweat spontaneously Sweat at night Sweat with slight exertion

Do you ever have:

Aversion to heat Aversion to cold Cold hands Cold feet Cold nose Cold limbs Cold low back

Rate your energy level (0 = low, 5 = moderate, 10 = high) :

GOALS

GENERAL HEALTH



# BALANCED HEALTH

Acupuncture & Wellness Clinic

#204 2nd Floor  
926 7th Avenue  
Invermere, BC

☎ (250) 341-4806  
📠 (250) 341-4807  
info@balancedhealth.co  
[www.balancedhealth.co](http://www.balancedhealth.co)

Quiet your mind and listen to what your body is truly saying

## CONFIDENTIAL INTAKE FORM ACUPUNCTURE & CHINESE MEDICINE

Check the applicable:

### GASTROINTESTINAL

- Abdominal pain
- Acid reflux
- Anus itching/burning
- Bad breath
- Bloating
- Belching
- Bowels - lose control over
- Constipation
- Crohn's disease
- Diarrhea/loose stools
- Diarrhea - urgent early a.m.
- Difficulty swallowing
- Gas
- Heartburn/reflux
- Hemorrhoids
- Hernia
- IBS
- Indigestion
- Stomachache
- Stools black
- Stools bloody
- Stools dry/hard
- Stools alternate soft/hard

- Nausea
- Taste in mouth - abnormal
- Ulcers
- Vomiting
- Vomiting blood

### GENITO-URINARY

- Blood in urine
- Dilute urine
- Dark urine
- Cloudy urine
- Burning sensation
- Kidney Stones
- Prone to bladder infections
- Abnormal smell to urine
- Difficulty starting
- Scanty urine
- Profuse urine
- Frequent urination
- Poor bladder control
- Urgency urinate

### RESPIRATORY

- Asthma

- Hay fever
- Persistent cough
- Coughing blood
- Shortness of breath
- Recurrent bronchitis
- Phlegm production
- Difficulty inhaling
- Difficulty exhaling

### CARDIOVASCULAR

- Chest pain
- High blood pressure
- Low blood pressure
- Sighing
- Lump in throat
- Tightness in chest
- Heart palpitations
- Irregular heart beat
- Poor circulation
- Swelling of ankles
- Varicose veins
- Hypochondriac pain
- Distention in chest or hypochondrium

How many glasses per day?

Water      Pop      Coffee      Tea      Alcohol

Which do you prefer?

Warm beverage      Cold beverage

Describe your thirst:      Thirsty often      Have to force myself to drink      Never thirsty

Can't quench my thirst      Normal

Are you satisfied with your diet?      Yes      No

Do you have any particular food cravings?      Yes      No

If yes, what are they?

Food intolerances?

Describe your appetite:

Always hungry      Low appetite      Normal appetite

Do you have children?      Yes      No

Difficulty conceiving?      Yes      No

How would you describe your libido (sex drive)?      Low      High      Healthy

Are you happy with your sex life?      Yes      No

Are you satisfied with your method of birth control?      Yes      No

Are you interested in learning more about a natural form of birth control?      Yes      No

HEALTH IN DETAIL      DIET & APPETITE      SEX



# BALANCED HEALTH

Acupuncture & Wellness Clinic

#204 2nd Floor  
926 7th Avenue  
Invermere, BC

☎ (250) 341-4806  
📠 (250) 341-4807  
info@balancedhealth.co  
[www.balancedhealth.co](http://www.balancedhealth.co)

Balance is health.

## CONFIDENTIAL INTAKE FORM

# ACUPUNCTURE & CHINESE MEDICINE

### MEN

Genital pain  
Genital sores  
Impotence  
Lump in testicles  
Abnormal penis discharge  
Nocturnal emissions  
Premature ejaculation

Inability to maintain erection  
Inability to obtain an erection  
Pain associated with ejaculation  
Low sperm count  
Decreased sperm motility  
Prostate problems  
Low sexual energy

Sexually transmitted infections

#### DURING/AFTER INTERCOURSE

Pain or discomfort  
Headaches  
Fatigue

### WOMEN

Abnormal pap smear  
Abortion  
Bleed between periods  
Breast lumps  
C-section  
Chlamydia  
Facial hair  
Fibroids  
Low sexual energy  
Periods - irregular  
Periods - heavy  
Endometriosis  
Painful periods  
Premenstrual tension  
Mastitis  
Lactation difficulties

Polycystic ovaries  
Post-partum depression  
Prone to yeast infections  
Sores on genitalia  
Abnormal vaginal discharges  
Vaginal dryness  
Menopausal  
Miscarriage  
Uterine prolapse  
Nipple discharge  
Pelvic Inflammatory Disease  
Loss of head hair  
May be pregnant  
Difficulties during pregnancy  
Difficulties during labour

#### CURRENT BIRTH CONTROL

Pill  
Diaphragm  
Condom  
Fertility Awareness  
Depo-Provera  
Withdrawal  
IUD  
Spermicide  
Other

#### DURING/AFTER INTERCOURSE

Pain or discomfort  
Headaches  
Fatigue

### WOMEN - MENSTRUATING

Is your cycle regular? Yes No

Days between menstrual cycles? e.g. 26, 28, 32

How many days do you bleed?

Do you have blood clots? Yes No

Colour of your menstrual flow? Bright red Dark red Pale red Brown Purple Crimson

Menstrual flow? Light Heavy Medium Flooding

Please check any of the following that occur before, during or after your menstrual cycle:

Depression	Dull achy pain	Loose stools	Water retention
Stabbing pain	Heavy sensation	Cravings	Coldness in lower back
Burning pain	Bloating	Headache	Pain in low back
Pain relieved by heat	Nausea	Fatigue	Pain in knees
Pain relieved by cold	Breast tenderness	Anger	Other
Acne	Constipation	Irritability	

### WOMEN - MENOPAUSAL OR PERI-MENOPAUSAL

When was your last menstrual cycle?

Please describe any symptoms you have experienced related to menopause:

Have you had a hysterectomy? Yes No

Are you currently on HRT or have you been in the last year? Yes No

SEXUAL HEALTH



# BALANCED HEALTH

Acupuncture &  
Wellness Clinic

#204 2nd Floor  
926 7th Avenue  
Invermere, BC

☎ (250) 341-4806  
📠 (250) 341-4807  
info@balancedhealth.co  
[www.balancedhealth.co](http://www.balancedhealth.co)

A person in balance  
shows no signs of  
disease and handles  
stress with ease.

## CONFIDENTIAL INTAKE FORM

# ACUPUNCTURE & CHINESE MEDICINE

I, the undersigned, understand that methods of treatment used in this practice may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, herbal therapy, massage, and nutritional counseling.

I understand that acupuncture, moxibustion, electrical stimulation, cupping and pricking are all safe methods of treatment. Potential risks include temporary bruising, swelling, bleeding, numbness and tingling, and soreness at the needling site that may last a few days. Unusual risks of acupuncture include dizziness, fainting or nerve damage. Infection is possible, although the clinic uses alcohol and sterile disposable needles and maintains a safe and clean environment. Potential risks of moxibustion health therapy are burns, blistering, or scarring. Temporary bruising or redness lasting a few days is a common side effect of cupping and gua sha, or spooning. I fully understand that there is no implied or stated guarantee of success or effectiveness of a specific treatment or series of treatments.

I will notify the acupuncturist should I become pregnant or if I am in the process of trying to get pregnant so that my practitioner can avoid points and herbs that could induce miscarriage. Otherwise, Chinese medicine treatment can be very beneficial in the pregnancy and birthing process.

I understand that herbal and nutritional supplements recommended to me by my acupuncturist are safe in the recommended doses. Large doses of herbs taken without my practitioner's recommendation may be toxic, and some herbs are inappropriate during pregnancy. Some possible side effects of herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives and tingling of the tongue. I understand that I must stop taking any herbs and notify my acupuncturist as soon as I experience any discomfort or adverse reactions.

I understand that my acupuncturist may review my medical records and lab reports, but all my records will be kept confidential. If it becomes necessary to share my health information, this will be handled in accordance with the stipulations detailed in the Notice of Privacy Practices document that has been provided to me, and of which I have acknowledged receipt.

I understand that I can discuss risks and benefits further with my practitioner before signing if I so choose. However, I do not expect my practitioner to be able to anticipate and explain all possible risks and complications of treatment. I rely on the practitioner to exercise his or her judgment in my best interest during the course of treatment, based upon the facts then known.

I recognize that scheduling an appointment involves the reservation of time specifically for me, and that consequently, a minimum of 24 hours notice is required to reschedule or cancel an appointment. Unless otherwise agreed to in advance, the full fee will be charged for sessions missed without such advance notification. I understand that most insurance companies do not reimburse for missed sessions.

In signing this form, I acknowledge any inherent risks, and give my consent for treatment, payment and healthcare operations received, incurred or carried out at this practice.

Patient signature

Date

CONSENT