

**Acupuncture Questionnaire
Symptoms, Traits and Preferences Checklist**

Check any and all of the following that apply to you or are things you wish to discuss.

General Health Considerations:

- Prone to skin problems
- Dental problems
- Urinary infections, bladder infections, kidney stones
- Constipation
- Sore throats
- Diarrhea, irritable bowel
- Vision problems requiring corrective lenses
- Overeat easily, tend to get bloated
- Prostate problems
- Female reproductive problems
- Problems with digestion
- Joint problems
- Neck pain
- Back pain
- Headaches
- Irregular or fast heart beat, palpitations
- Prone to allergies
- Varicose veins
- Lung problems
- Gain weight easily
- Neck and shoulder stiffness
- Insomnia
- Hearing or ear problems
- Hair loss

Caffeine:

- Coffee aggravates my headaches
- Coffee helps my headaches go away
- Coffee has no effect on my headaches

Choose one of the following colors that you would prefer more than the others:

- | | |
|--------------------------------|---------------------------------|
| <input type="checkbox"/> Black | <input type="checkbox"/> Green |
| <input type="checkbox"/> White | <input type="checkbox"/> Blue |
| <input type="checkbox"/> Red | <input type="checkbox"/> Yellow |

 **Chiropractic Health**
Matthews • Dilworth

Choose one of the following seasons that you would prefer more than the others:

- Summer Early Fall Winter
 Spring Late Fall

Choose one of the following flavors that you would prefer more than the others:

- Sweet (desserts) Hot, spicy (like mexican food, chili peppers)
 Sour (like lemon) Salty (snack chips, soups)
 Bitter (like dark chocolate)

Choose one of the following times of the day that appeal most to you:

- Sunrise Sunset
 Noon Night
 Afternoon

Temperature, climate:

- I get cold easily I get hot easily, prefer cool surroundings
 Dryness bothers me Damp bothers me
 Windy weather bothers me

Check as many of the following that you would use to describe yourself:

- | | |
|--|--|
| <input type="checkbox"/> Outgoing, sociable, like to be at parties | <input type="checkbox"/> I enjoy music |
| <input type="checkbox"/> Prefer the be in quiet circumstances or alone | <input type="checkbox"/> Talkative |
| <input type="checkbox"/> I would rather be in charge of things | <input type="checkbox"/> Suspicious |
| <input type="checkbox"/> I have a hard time getting motivated, even for important things | <input type="checkbox"/> Easily angered |
| <input type="checkbox"/> I do not like noise and commotion | <input type="checkbox"/> I like to eat |
| <input type="checkbox"/> My children are the most important to me | <input type="checkbox"/> I am self-confident |
| <input type="checkbox"/> I do not like to miss a day of work | <input type="checkbox"/> I show my anger easily |
| <input type="checkbox"/> I can think through problems quickly | <input type="checkbox"/> I am compulsively honest |
| <input type="checkbox"/> I am good at persuading people to my point of view | <input type="checkbox"/> I am competitive |
| <input type="checkbox"/> Anger builds slowly, but can be explosive | <input type="checkbox"/> I get impatient easily |
| <input type="checkbox"/> I enjoy gourmet foods and wines | <input type="checkbox"/> I hide my anger inside |
| <input type="checkbox"/> Attention to detail, organized | <input type="checkbox"/> I lack confidence |
| <input type="checkbox"/> I am easily happy and cheerful most of the time | <input type="checkbox"/> I am prone to depression |
| <input type="checkbox"/> Natural inclination for sports, athletic activities | <input type="checkbox"/> Calm, not easily bothered |
| <input type="checkbox"/> Difficult to make decision, think too much before choosing | |
| <input type="checkbox"/> I get anxious and worried easily | <input type="checkbox"/> I like to be around music |

Name: _____ Date _____

Completed _____

24 Hour Appointment Cancellation Policy for Groupon Acupuncture

Chiropractic Health of Matthews and Dilworth has a 24 hour cancellation and rescheduling policy:

If you miss, cancel, or change your appointment with less than 24 hour notice, your appointment would be considered lost towards your purchased acupuncture visits.

This policy is in place out of respect for our staff and our clients. Cancellations with less than 24 hour notice are difficult to fill. By giving last minute notice or no notice at all, you prevent someone else from being able to schedule into that time slot.

By signing below, you acknowledge that you have read and understand the cancellation policy for Chiropractic Health of Matthews as described above.

X _____

X _____

Printed Name

Signature

X _____

Date

Thank you for your understanding and cooperation.

Disclosure of the Risks and Benefits of Acupuncture Care

The world health organization has identified numerous conditions acupuncture has successfully treated- not by attacking the condition, but by restoring the balance of the body, mind and spirit's energy and communication system. Acupuncture practitioners are trained not only in technical skill, but in healing and centering of growth and well being. Their training and experience utilizes a refined system of corollaries in the inquiry process, assessing, evaluating, and treating the imbalances in oneself. Many acupuncture practitioners offer herb nutritional and lifestyle counseling, breathing techniques, exercise, and other approaches to support a person's sense of health and wholeness.

Acupuncture is quite safe. Acupuncture practitioners are trained in strict standards set by the National Commission for the certification of Acupuncturists for clean needle technique and must abide by the standards set by the Occupational Safety and Health Administration regarding proper hygiene and sterilization of equipment, disposal of hazardous materials, as well as precautions regarding blood borne pathogens and clean needle technique.

Consent for Acupuncture Treatment

I, the undersigned, am aware of both the benefits and risks of acupuncture treatment. I fully understand that there is no implied or stated guarantee of success or effectiveness of a specific treatment or series of treatments. I realize that acupuncture care may/ may not be covered at this time by Medicare or my insurance companies and I am advised to speak with my insurance agent. I am hereby advised to consult with my primary care medical physician (if this practitioner is not such) on medical issues and that acupuncture, oriental medicine, or alternative care is not substituting for appropriate medical advice and care from a medical doctor.

Printed Name _____

Signature _____

Date _____

(check one) Patient__ Client__ Parent__ Guardian__