



Art of Acupuncture Brisbane

Patient's Name _____ Date _____

How did you hear about us? _____

Have you ever received acupuncture or functional medicine before? (circle) Yes No

MAIN COMPLAINTS (list in order of importance):

1) _____ 2) _____

3) _____ 4) _____

If you have a pain condition, on a scale of 1 to 10, what is it at its worst? _____

How long have you suffered with this problem?

Do you know how this problem may have started? (i.e. earlier accidents, injuries, physical stresses, fall, repetitive motion on the job etc.)

What have you tried doing to resolve this problem that DID NOT work?

How does your condition affect your life?

Where do you picture yourself being in the next 3-5 years if this problem is not taken care of? Please be specific.

On scale of 1-10, what is your commitment to resolving your condition? _____

Do you have any concerns? (i.e. Time, Transportations, Finances, etc.)



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Address _____ Suburb: _____ Post Code: _____

Work #: _____ Home #: _____ Mobile: _____

Sex: _____ Marital status: _____ Height: _____ Weight: _____

D.O.B: _____ Occupation: _____ Health Fund: _____

E-mail address: _____

EMERGENCY CONTACT

Name: _____ Relationship: ☐ _____

Address: _____ Suburb & Post Code: _____

Home #: _____ Work #: _____ Mobile: _____

Doctor and/or Specialist:

Medications / Herbs / Supplements your taking

How many children do you have & their ages? _____

SOCIAL HISTORY

Do you use tobacco?

Yes _____

No _____

#Packs/day _____

Do you use alcohol?

Yes _____

No _____

#Drinks/wk _____

Main Complaint: _____

HEALTH HISTORY •

4. Do you have any allergies? (Includes medications, herbs, supplements, animals, food and other)

5. Please list any medical conditions

6. Family Medical History

PREVIOUS SURGERIES

Have you ever had surgery?

Procedure	Date	Indication	Outcome

I consent to have Acupuncture and if required also cupping, gua sha and prescribed Chinese herbal medicines based on a traditional Chinese medicine diagnosis but incorporating Western Medicine diagnosis, use of pathology tests and knowledge of the latest research into Chinese medicine and acupuncture.

After acupuncture treatment it is possible but uncommon that you may experience tenderness, minor bleeding and/or bruising at the needle sites. It is also possible that you may feel light headed, some dizziness, a feeling of elation, calm or emotional. The use of Cupping and/or Gua Sha can also leave the area feeling tender and produce either redness or bruising at the site.

Name: _____ Signature: _____

Date: _____