Fairbanks Family Wellness
Stephanie Gottschalk, LAc, MSaOM
3550 Airport Way, #4, Fairbanks, AK 99709
Phone: 907-479-2331 Fax: 907-479-0164
FairbanksFamilyWellness.com

Acupuncture Consent Form

HEALTH: PLEASE CHECK ALL THAT APPLY

GENERAL

Past	Current	Condition
☐	☐	Poor appetite
☐	☐	Excessive appetite
☐	☐	Insomnia
☐	☐	Fatigue
☐	☐	Fevers
☐	☐	Night Sweats
☐	☐	Sweat easily
☐	☐	Chills
☐	☐	Localized weakness
☐	☐	Poor coordination
☐	☐	Bleed or bruise easily
☐	☐	Catch cold easily
☐	☐	Change in appetite
☐	☐	Strong thirst
☐	☐	Other _____

SKIN & HAIR

Past	Current	Condition
☐	☐	Rashes
☐	☐	Hives
☐	☐	Itching
☐	☐	Eczema
☐	☐	Pimples
☐	☐	Dryness
☐	☐	Tumors, lumps
☐	☐	Other: _____

HEAD & NECK

Past	Current	Condition
☐	☐	Dizziness
☐	☐	Fainting
☐	☐	Neck stiffness
☐	☐	Enlarged lymph glands
☐	☐	Headaches

EARS

Past	Current	Condition
☐	☐	Infection
☐	☐	Ringing
☐	☐	Decreased hearing
☐	☐	Other:_____

EYES

Past	Current	Condition
☐	☐	Blurred vision
☐	☐	Visual changes
☐	☐	Poor night vision
☐	☐	Spots
☐	☐	Cataracts
☐	☐	Glasses/contacts
☐	☐	Eye inflammation
☐	☐	Other: _____

NOSE, THROAT, MOUTH

Past	Current	Condition
☐	☐	Nose bleeds
☐	☐	Sinus infections
☐	☐	Hay fever/allergies
☐	☐	Recurring sore throats
☐	☐	Grinding teeth
☐	☐	Difficulty swallowing

CARDIOVASCULAR

Past	Current	Condition
☐	☐	High blood pressure
☐	☐	Low blood pressure
☐	☐	Blood clots
☐	☐	Palpitations
☐	☐	Phlebitis
☐	☐	Chest pain
☐	☐	Irregular heart beat
☐	☐	Cold hands / feet
☐	☐	Fainting
☐	☐	Difficult breathing
☐	☐	Swelling of hands/feet
☐	☐	Other: _____

RESPIRATORY

Past	Current	Condition
☐	☐	Asthma
☐	☐	Bronchitis
☐	☐	Frequent colds
☐	☐	Chronic obstructive
☐	☐	Pulmonary disease
☐	☐	Pneumonia
☐	☐	Cough
☐	☐	Coughing blood
☐	☐	Production of phlegm
☐	☐	Other: _____

GASTRO-INTESTINAL

Past	Current	Condition
☐	☐	Nausea
☐	☐	Vomiting
☐	☐	Belching
☐	☐	Blood in stools/black stools
☐	☐	Bad breath
☐	☐	Rectal pain
☐	☐	Hemorrhoids
☐	☐	Constipation
☐	☐	Pain or cramps
☐	☐	Indigestion
☐	☐	Gall bladder disorder
☐	☐	Gas
☐	☐	Other: _____

GENITO-URINARY

Past	Current	Condition
☐	☐	Kidney Stones
☐	☐	Pain on urination
☐	☐	Frequent urination
☐	☐	Blood in urine
☐	☐	Urgency to hold urine
☐	☐	Other: _____

MALE

Past	Current	Condition
☐	☐	Pain / itching genitalia
☐	☐	Genital lesions / discharge
☐	☐	Impotence
☐	☐	Weak urinary system
☐	☐	Lumps in testicles
☐	☐	Other: _____

FEMALE

Past	Current	Condition
☐	☐	High blood pressure
☐	☐	Low blood pressure
☐	☐	Blood clots
☐	☐	Palpitations
☐	☐	Phlebitis
☐	☐	Chest pain
☐	☐	Irregular heart beat
☐	☐	Cold hands / feet
☐	☐	Fainting
☐	☐	Difficult breathing
☐	☐	Swelling of hands/feet
☐	☐	Other:_____

NEUROLOGICAL

Past	Current	Condition
☐	☐	Seizures
☐	☐	Tremors
☐	☐	Numbness / tingling of limbs
☐	☐	Concussion
☐	☐	Pain
☐	☐	Paralysis
☐	☐	Other: _____

PSYCHOLOGICAL

☐	☐	Depression
☐	☐	Anxiety / stress
☐	☐	Irritability
☐	☐	Treated for emotional or Psychological problems
☐	☐	Other: _____

INFECTION SCREENING

Past	Current	Condition
☐	☐	HIV
☐	☐	TB
☐	☐	Hepatitis
☐	☐	Gonorrhea
☐	☐	Chlamydia
☐	☐	Syphilis
☐	☐	Genital warts
☐	☐	Herpes: oral
☐	☐	Herpes: genital
☐	☐	Other: _____

MUSCULAR-SKELETAL

Past	Current	Condition
☐	☐	Stiff neck / shoulders
☐	☐	Low back pain
☐	☐	Back pain
☐	☐	Muscle spasm, twitching, cramps
☐	☐	Sore, cold or weak knees
☐	☐	Joint pain
☐	☐	Other: _____

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Acupuncture Consent Form

INFORMED CONSENT TO TREAT

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of acupuncture on me (or on the patient named below, for whom I am legally responsible).

I understand that methods of treatment may include, but are not limited to, acupuncture, cupping, electrical stimulation, Tui-Na (Chinese massage), Chinese herbal medicine, and nutritional counseling. I understand that the herbs may need to be prepared and the teas consumed according to the instructions provided orally and in writing. The herbs may have an unpleasant smell or taste. I will immediately notify the acupuncturist of any unanticipated or unpleasant effects associated with the consumption of the herbs.

I have been informed that acupuncture is a generally safe method of treatment, but that it may have some side effects, including bruising, numbness or tingling near the needling sites that may last a few days, and dizziness or fainting. Burns and/or scarring are a potential risk of cupping, or when treatment involves the use of heat lamps. Bruising is a common side effect of cupping. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage, and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the acupuncturist uses sterile, disposable needles, and maintains a clean and safe environment.

I understand that while this document describes the major risks of treatment, other side effects and risks may occur. The herbs and nutritional supplements (which are 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. I understand that some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue.

I will notify the acupuncturist who is caring for me if I am or become pregnant.

I will also notify the acupuncturist if I have cancer, epilepsy, or any other Western medical diagnoses, including those of psychiatric or psychological nature. I understand that Chinese medicine uses a separate system of diagnosis and may treat people who have Western medical diagnoses, but that it does not treat those diseases directly.

While I do not expect the acupuncturist to be able to anticipate and explain all possible risks and complications of treatment, I wish to rely on the acupuncturist to exercise judgment during the course of treatment which the acupuncturist thinks at that time, based upon the facts then known, is in my best interest. I understand that results are not guaranteed. Some individuals may experience total or partial relief of their pain or symptoms after the first few treatments, while others notice a steady gradual improvement. In some cases, relief may not be felt until several days go by. Some people may notice that their pain becomes worse before it gets better. While acupuncture is beneficial in treating a wide range of health conditions, it cannot replace the resources available through your medical doctor, and at your acupuncturist's discretion you may be advised to consult a physician regarding any conditions for which you receive treatment.

Notice of HIPAA Privacy Practice: I have received and reviewed the HIPAA Privacy Practice of Fairbanks Family Wellness.

Name:_____

Signature of patient or patient's representative (indicate relationship): _____

Signature of patient's guardian if patient is under 18: _____

Date: _____
(MM/DD/YYYY)