

## Acupuncture intake

(please print clearly)

Name \_\_\_\_\_ Date \_\_\_\_\_

Date of birth \_\_\_\_\_ (M/D/Y) Sex M F Occupation \_\_\_\_\_

Address \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone number: home: \_\_\_\_\_ cell \_\_\_\_\_ work: \_\_\_\_\_

May we leave messages relating to your visits? Y N

Emergency contact name: \_\_\_\_\_ Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

What are your health concerns, in order of importance to you? If you are female are you pregnant? Yes No

1 \_\_\_\_\_ 3 \_\_\_\_\_

2 \_\_\_\_\_ 4 \_\_\_\_\_

Do you have Naturopathic Extended Health Benefits Yes No If yes, how Much? \_\_\_\_\_

### **Medical history**

Please indicate any serious conditions, illnesses or injuries and any hospitalizations; along with approximate dates \_\_\_\_\_

Do you have any allergies? (medicines, environmental etc) \_\_\_\_\_

Please list all current medications (prescription, over the counter, vitamins, herbs, homeopathics)

Please list past prescription meds \_\_\_\_\_

How many times have you been treated with antibiotics? \_\_\_\_\_

Do you frequently use any of the following (please circle);

Aspirin / laxatives / antacids / diet pills / birth control pills / implants / injections

Alcohol-how much/day or week \_\_\_\_\_ Tobacco-form and amount/day \_\_\_\_\_

Caffeine-form and amount/day \_\_\_\_\_ Recreational drugs-what and how often \_\_\_\_\_

Please indicate what immunizations you have had;

DPT (diphtheria, pertussis, tetanus)	Haemophilus influenza B "flu"	Small pox Other _____
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Tetanus booster; when?	Polio
MMR (measles, mumps, rubella)	Hepatitis A Hepatitis B

Please indicate if any caused adverse reactions \_\_\_\_\_

Do you get regular screening tests done by another doctor? (Pap, blood, etc) Y N

**Family History:** Please list any known health concerns, diseases or illnesses of family members (sibling, parents, grandparents) **I do not know my family history**

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

## Patient Information and Consent Form

*Please read this information carefully, and ask your practitioner if there is anything that you do not understand.*

### **What is acupuncture?**

Acupuncture is a form of therapy in which fine needles are inserted into specific points on the body.

### **Is acupuncture safe?**

Acupuncture is generally very safe. Serious side effects are very rare – less than one per 10,000 treatments.

### **Does acupuncture have side effects?**

You need to be aware that:

*drowsiness occurs after treatment in a small number of patients, and, if affected, you are advised not to drive;*

*minor bleeding or bruising occurs after acupuncture in about 3% of treatments;*

*pain during treatment occurs in about 1% of treatments;*

*symptoms can get worse after treatment (less than 3% of patients). You should tell your acupuncturist about this, but it is usually a good sign;*

*fainting can occur in certain patients, particularly at the first treatment.*

In addition, if there are particular risks that apply in your case, your practitioner will discuss these with you.

### **Is there anything your practitioner 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 funny turn;*

*if you have a pacemaker or any other electrical implants;*

*if you have a bleeding disorder;*

*if you are taking anti-coagulants or any other medication;*

*if you have damaged heart valves or have any other particular risk of infection.*

**Single-use, sterile, disposable needles are used in the clinic.**

### **Statement of Consent**

I confirm that I have read and understood the above information, and I consent to having acupuncture treatment. I understand that I can refuse treatment at any time.

Signature

Print name in full

Date

# EXTENDED HEALTH BENEFITS

## CHECK-OFF LIST

Name \_\_\_\_\_

Date \_\_\_\_\_

**We have prepared this list for you to help you get ALL the information you need when you call for your work Extended Health Benefits. We have included questions for all of the services we offer in our office. Dr. Cranton is licensed as both a Chiropractor and a Naturopathic Doctor, performs acupuncture, and is certified to cast and order custom orthotics.**

**Do you have Extended Health Benefits through your work or school?** Yes No

Does your spouse, mother or father have Extended Health Benefits though his/her work?

Yes  No (you are done with this form)

### INFORMATION TO RECORD BEFORE YOU CALL:

Your work Insurance Company - Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_

Employee: \_\_\_\_\_

Employee ID#: \_\_\_\_\_

Group policy #: \_\_\_\_\_

### INFORMATION TO GET WHEN YOU CALL:

Is there a deductible?  Yes - How much? \$ \_\_\_\_\_  No

Is this a family plan?  Yes  No

Is your limit:  per calendar year  per fiscal year \_\_\_\_\_ to \_\_\_\_\_  per 12 consecutive months

### DO YOU HAVE CHIROPRACTIC COVERAGE? Yes No

What is your limit per year? \$ \_\_\_\_\_

What is your limit per visit? \$ \_\_\_\_\_

Do you have x-ray coverage?  Yes  No - Is it included in your maximum?  Yes  No

### DO YOU HAVE NATUROPATHIC COVERAGE? Yes No

What is your limit per year? \$ \_\_\_\_\_

Is there a maximum per visit? \$ \_\_\_\_\_

Are there a maximum number of visits?  No  Yes \_\_\_\_\_

Are supplements covered if prescribed by a Naturopath?  No  Yes - maximum \$ \_\_\_\_\_

### DO YOU HAVE ACUPUNCTURE COVERAGE? Yes No

What is your limit per year? \$ \_\_\_\_\_

What is your limit per visit? \$ \_\_\_\_\_

Are there a maximum number of visits?  No  Yes \_\_\_\_\_

### DO YOU HAVE PRIVATE LAB COVERAGE? Yes No

Are private labs covered? (E.g. hair analysis, blood or urine or allergy tests)  No  Yes - maximum \$ \_\_\_\_\_

### OTHER ITEMS TO CHECK ON:

Do they cover orthopedic cervical pillows?  Yes  No

Do you have coverage for COMPRESSION HOSIERY OR STOCKINGS?  Yes  No

What is your limit per year? \$ \_\_\_\_\_

Do you have CUSTOM ORTHOTICS coverage?

What is your limit per year \$ \_\_\_\_\_

How many pairs can you order? \_\_\_\_\_

Do you need a referral  Chiropractor  M.D.  No

Do you get one pair per year or every second year?

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[www.crantonwellness.com](http://www.crantonwellness.com)