TAS TORONTO ACUPUNCTURE STUDIO

WELCOME

WE HAVE A SLIDING SCALE

We offer treatments on a sliding scale of $20-40 with a $10 annual membership fee. You decide what you would like to pay. There is never any need to prove your income. Our only goal is for you to be able to find out how useful acupuncture can be for you.

WE TREAT IN A COMMUNITY ROOM

We believe the group setting has many benefits: it's easier for friends and family to come in together, it helps keep our rates affordable, and the space allows for people to relax with their needles in as long as they want.

The treatment room is meant to remain a quiet, relaxing space for you and others to rest, sleep and sort it all out. We appreciate everyone's presence and find this collective stillness a rare and valuable thing in our rushed and isolating society. Maintaining this reservoir of calm requires minimal talking in the clinic space – including us.

CHECKLIST FOR YOUR FIRST VISIT

- [ ] Please plan to be at the studio for 90 minutes.
- [ ] Bring cash or a personal cheque with you. Sorry, we do not take cards.
- [ ] Wear loose clothing or bring a change of clothes.
- [ ] Have something to eat before your appointment.
- [ ] Avoid wearing heavily scented body products.

If you have any questions please reach us at (647) 700-4644 or send us an email at hello@torontoacupuncturestudio.com

ENJOY YOUR TIME AT THE STUDIO.
WE'RE HAPPY YOU'RE HERE.

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Today's Date

NEW PATIENT INTAKE FORM *CONFIDENTIAL*

1. PERSONAL INFORMATION

First Name | **Last Name** | **Preferred Pronoun:**

Date of Birth (MM/DD/YYYY) | **Age** | **Gender** | **Occupation**

Mailing Address | **Marital Status**

Phone Number | **Email** ☐ I would like to receive your monthly newsletter

Family Contact Name | **Relation** | **Phone Number**

Emergency Contact Name (If different from above) | **Relation** | **Phone Number**

Family Doctor Name | **Doctor's Office Address**

Family Doctor's Phone Number

Have you been treated by Acupuncture or Chinese Medicine before?

☐ **NO** ☐ **YES** **If YES, when?**

2. MAIN CONCERNS Please list the concerns that brought you here today

Main Concern | When did this start?

What makes it better? | What makes it worse?

Intensity of Complaint (1= less pain, 10 = worse)

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

Secondary Concern | When did this start?

What makes it better? | What makes it worse?

Intensity of Complaint (1= less pain, 10 = worse)

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

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3. HEALTH HISTORY Please indicate any conditions you or your family has experienced (P - Past | C - Current | F - Family)

Write **P** if you have had it in the past, write **C** if you currently have it, and write **F** if anyone in your immediate family had/has it.

- ☐ **Alcoholism**
- ☐ **Anemia**
- ☐ **Anorexia or Bulimia**
- ☐ **Anxiety**
- ☐ **Asthma**
- ☐ **Blood Clotting Disorder**
- ☐ **Cancer**
- ☐ **Compromised Immunity**
- ☐ **Depression**
- ☐ **High blood pressure**
- ☐ **High cholesterol**
- ☐ **Pregnancy**
- ☐ **Lack of regular exercise**
- ☐ **Low blood pressure**
- ☐ **Mental Health Diagnosis**
- ☐ **Menstral Disorder**
- ☐ **Osteoporosis**
- ☐ **Smoke Tobacco**

Other past medical history, including injuries and surgeries - Please include the year of occurence.

Ongoing health conditions

Please list any medications you are currently taking, and the year you started them.

Please list any allergies or drug reactions

4. HABITS Please indicate amount per day. If you have quit, please state the year (YY).

Coffee / Tea **Soda** **Drugs**

Alcohol **Tobacco** **Marijuana**

5. GENERAL HEALTH

How is your energy level on a scale from 1 (very low) to 10 (very high)?

How is your body temperature on a scale from 1 (very low) to 10 (very high)?

Do you sleep well at night? ☐ YES ☐ NO ☐ I have trouble falling sleep. ☐ I wake up tired in the morning

☐ I wake up at night. No. of times you wake up per night:

Any trouble digesting foods?

How often do you move your bowels?

Please list any special dietary habits Eg. vegetarian, vegan, raw, etc and number of years

Are there any other concerns you'd like us to know about?

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6. CONSENT TO TREATMENT

I voluntarily consent to Acupuncture/Traditional Chinese Medicine and understand that I may withdraw my consent and halt my participation at any time.

1. I understand that acupuncture involves the use of sterile, single-use needles to penetrate the skin. Additional treatment methods can include, but are not limited to: auricular (ear) acupuncture, acupressure, cupping or moxibustion. Before any of these procedures are performed, my practitioner will discuss my treatment options and only proceed if my consent is given.

2. I am aware of the risks and symptoms of treatments, which can include, but are not limited to: slight pain, light-headedness or nausea, soreness, bruising, bleeding or discolouration of the skin, weakness, fainting, aggravation of symptoms and the possibility of other unforeseen risks. I freely accept the risks involved with my procedure.

3. I will inform my practitioner if I currently have or develop any major health issues, if I am currently pregnant, or suffer from any type of major bleeding disorder, or if I use a pacemaker.

4. I understand that I must let my practitioner know if I am carrying, or believe to have any infectious agents, including but at not limited to HIV, TB and Hepatitis. In some cases where cross-infection is high, my practitioner may withhold treatment.

5. I understand that there are no guarantees for the results of my treatments. Traditional Chinese Medicine does not often provide an instant cure. The length of my treatment depends on the severity of my condition. In some cases my symptoms may temporarily worsen before they begin to improve.

6. I understand that the fees charged for my treatment are not covered under OHIP and must be covered in full myself. Toronto Acupuncture Studio does not bill insurance companies directly, however, issues receipts which can be used for reimbursement, if applicable. I am responsible for the full and prompt payment for services rendered.

7. By signing this form, I give my informed consent for Acupuncture and Traditional Chinese Medicine treatments.

Print Name

Signature

Date (DD/MM/YYYY)

Acupuncturist Name

Signature

Date (DD/MM/YYYY)

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7. FINANCIAL AGREEMENT

Payment is due at the time of your visit. We accept cash and personal cheques only.

We ask for at least 24 hours notice in advance of an appointment that will not be kept. **All appointment that are cancelled with less than 24 hours notice, or are missed altogether will be charged a $20 fee payable at the next visit.** We do also recognize that emergencies happen, and would be happy to consider these on an individual basis, of course.

Please note that if you arrive 20 minutes or more past your appointment time, we unfortunately cannot guarantee that you will see the acupuncturist. If we are busy and unable to accommodate you, this will be considered a missed appointment and the $20 fee will apply, unless it is your first visit to the studio.

With this knowledge, I voluntarily agree to the above policies.

Print Name

Signature

Date (DD/MM/YYYY)