



Life 'n Balance
WELLNESS CENTRE

Naturopathic Acupuncture Intake Form

Date of visit: _____

Full Name: _____

Date of Birth: _____ Age: _____ Gender: male female

Complete Address: _____

City: _____ Postal Code: _____ E-mail: _____

Phone Number: _____ text reminders? Secondary Number: _____

Occupation: _____ Full-time or Part-time? _____

Marital Status: single married separated divorced other: _____

Children: yes no If yes, please list ages: _____

In case of emergency contact: _____

Relationship to patient: _____ Phone Number _____

Chief health concerns (listed in order of importance to you): _____

Last physician or health care practitioner seen and when? _____

Please list all current medications including dose and duration: _____

Please list any serious illnesses, injuries, hospitalizations, surgeries and dates: _____

Please list any allergies: _____

Are you pregnant or trying to conceive? _____

How would you rate your stress out of 10 (10 being the highest)? _____

How do you cope with your stress? _____

What are your predominant emotions (anger, fear, grief, anxiety, frustration, irritability, worry)? _____

Informed Consent for Acupuncture Treatment

I understand that although I am receiving acupuncture from my naturopathic doctor, I am not receiving a full naturopathic assessment as I have requested acupuncture only. A full medical history will not be taken and my health concerns will be addressed by acupuncture alone as Dr. Sweett cannot make additional health recommendations without an initial naturopathic intake in which my health history will be discussed and a physical exam conducted. A naturopathic medical diagnosis will not be made without an initial naturopathic intake.

In signing this consent form I understand that:

Treatment results are variable for each individual and cannot be guaranteed.

- Treatment plans and lengths are guidelines only and are subject to change according to individual progress.
- I am free to consult with any other licensed health care provider as I choose. The acupuncture treatment Dr. Sweett provides is not exclusive, but it is important to inform her of other treatments I am receiving so as to avoid any negative interactions/side effects.
- There is a set fee schedule and I agree to pay for all costs of visits at the time of the visit.
- Dr. Sweett is not an acupuncturist and it is my responsibility to ensure that acupuncture performed by a naturopathic doctor will be covered under my extended health insurance plan.
- The treatment I receive from Dr. Sweett when requested without a chiropractic assessment is separate and distinct from the practice of chiropractic services provided by the doctors of chiropractic at the Life 'n Balance Wellness clinic. I hereby waive all liability toward the doctors of chiropractic for any outcomes of acupuncture treatment.

Pain, bruising, fainting or injury may occur with acupuncture. Puncturing of an organ is a rare possibility. You may experience a temporary exacerbation of symptoms and may experience fatigue after your acupuncture treatments. You are encouraged to discuss your concerns with Dr. Sweett.

In signing this consent form, I agree that I have read and understand all of the above, including the potential risks and side effects of treatment. I authorize my informed consent to acupuncture treatment by Dr. Natalie Sweett, Doctor of Naturopathic Medicine.

Name of patient (please print)

Signature of patient

Date

Name of patient (please print)

Signature of patient

Date