Date_____

Personal Information

Name_____ Age_____ Sex_____

Address_____

_____

Email (to be used for appointment reminders only)_____

Best phone number at which to reach you_____

Day/Cell Phone_____ Work Phone_____

Date of Birth_____/_____/_____ Marital Status_____

Number and Ages of Children_____

Occupation_____

Family Physician_____ Phone_____

Health Insurance_____

Does your insurance policy cover acupuncture?_____

*If yes, I can provide you with a superbill so you can bill them directly.

Person to notify in an emergency_____

Phone number_____

Referred to this office by_____

Confidential Patient History

Reason for seeking medical care today_____

Describe your current symptoms_____

_____

_____

How long have you had the symptoms?_____

How did this condition develop?_____

_____

_____

Have you had this condition or a similar condition before? If yes, please explain:_____

_____

_____

Have you received treatment for this condition? Yes No

What was the diagnosis?_____

Describe the treatment you received_____

_____

Treatment results_____

Other conditions you are concerned about:_____

_____

Please list surgeries and major illnesses you have had including dates:_____

_____

_____

Please list ALL medications you are taking:

Medication	Dosage	For what conditions?	For how long?

Please indicate if you have had any of the following:

Cancer_____ Stroke_____ Diabetes_____ High Blood Pressure_____
Seizures_____ Heart Disease_____ Arthritis_____ Asthma_____
kidney stones_____ Ulcers_____ Alcoholism_____ Mental Illness_____
AIDS_____ Gallstones_____ Hepatitis_____ Thyroid disease_____
Venereal disease_____ Autoimmune disease_____

Describe your average daily diet:

Breakfast Lunch Dinner

_____ _____ _____

_____ _____ _____

Describe your daily usage of the following:

Coffee, tea_____ Sodas, diet or regular_____

Alcohol_____ Tobacco_____

Recreational drugs_____

Describe your exercise regimen_____

Symptom Review

Put one check by a symptom you sometimes experience, use two checks for those which often occur, and three checks for symptoms that are a major concern.

HEAD AND FACE
- ☐ Headaches
- ☐ Dizziness
- ☐ Memory loss
- ☐ Other

EYES
- ☐ Blurred vision
- ☐ Eyelid problem
- ☐ Pain
- ☐ Red, itchy eyes
- ☐ Other

EARS
- ☐ Poor hearing
- ☐ Earaches
- ☐ Discharges
- ☐ Ringing
- ☐ Other

NOSE
- ☐ Frequent colds
- ☐ Sinus trouble
- ☐ Bleeding
- ☐ Other

MOUTH
- ☐ Gum problems
- ☐ Teeth problems
- ☐ Tongue problems
- ☐ Lip problems
- ☐ Jaw problems
- ☐ Unusual tastes
- ☐ Other

THROAT
- ☐ Sore throat
- ☐ Hoarseness
- ☐ Difficulty in swallowing
- ☐ Other

RESPIRATION
- ☐ Difficulty inhaling
- ☐ Difficulty exhaling
- ☐ Pain
- ☐ Cough
- ☐ Phlegm
- ☐ Other

HEART AND THORAX
- ☐ Palpitations
- ☐ High blood pressure
- ☐ Chest tightness
- ☐ Low blood pressure
- ☐ Difficulty lying flat
- ☐ Other

CIRCULATION
- ☐ Bruise easily
- ☐ Bleed easily
- ☐ Cold limbs
- ☐ Other

GASTROINTESTINAL
- ☐ Excess thirst
- ☐ Never thirsty
- ☐ Excess appetite
- ☐ Digestive pain
- ☐ Nausea
- ☐ Diarrhea
- ☐ Constipation
- ☐ Hemorrhoids
- ☐ Colon problems
- ☐ Other

URINATION
- ☐ Frequent
- ☐ Difficulty
- ☐ Painful
- ☐ Nocturnal urination
- ☐ Bleeding
- ☐ Other

SKIN
- ☐ Rashes
- ☐ Dryness
- ☐ Moles or lumps that change
- ☐ Excess sweat
- ☐ Night sweat
- ☐ Rarely sweat
- ☐ Other

NEUROLOGICAL
- ☐ Nervousness
- ☐ Tremors
- ☐ Convulsions
- ☐ Numbness or tingling
- ☐ Poor coordination
- ☐ Nerve pain or neuralgia
- ☐ Other

SLEEP
- ☐ Insomnia
- ☐ Drowsiness
- ☐ Excess dreams
- ☐ Other

ENERGY LEVELS
- ☐ Low
- ☐ High
- ☐ Other

MUSCULOSKELETAL
- ☐ Neck pain
- ☐ Shoulder pain
- ☐ Elbow pain
- ☐ Wrist pain
- ☐ Back pain
- ☐ Leg pain
- ☐ Knee pain
- ☐ Ankle pain
- ☐ Foot pain
- ☐ Other

REPRODUCTIVE
- ☐ cramps
- ☐ PMS
- ☐ infertility
- ☐ frequent miscarriage
- ☐ endometriosis
- ☐ amenorrhea
- ☐ < 25 day cycle
- ☐ > 35 day cycle

Disclosure Form

Rachel Hendricks Blunk, L Ac, Inc
2601 S. Lemay Ave #25
Fort Collins, CO 80525
(970) 223-4422

Our usual and customary fees are:

Initial Acupuncture Treatment (includes exam)	$150
Subsequent Acupuncture Treatment (includes exam)	$90
Re-exam after more than one year + Treatment	$115

Pre-paid packages are available:

Number of Treatments	Cost per treatment	Total Package Cost	Discount %
6	$85	$510	5%
10	$80	$800	10%
12	$80	$960	10%
14	$75	$1050	15%

Education, Experience, Degrees, Certificates and Credentials

University of California, Berkeley BA in Integrative Biology	1988-1992
Pacific College of Oriental Medicine, San Diego, CA Masters of Traditional Oriental Medicine (MTOM)	1994-1998
USCC for TCM Special Study at Shandong University of Traditional Chinese Medicine, Jinan, China	1999
Continuing education with Dr. Randine Lewis in infertility	2004
Continuing education with Jane Lyttleton in infertility	2007
International Fertility Symposium, Vancouver, Canada	2015, 2016, 2017, 2018

Licenses, Certifications, and Registrations in Acupuncture and Herbology

Council of Colleges of Acupuncture and Oriental Medicine Clean Needle Technique Course	January 1998
National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) Diplomate in Acupuncture (Dipl Ac)	June 1998
National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) Diplomate in Chinese Herbology (Dipl CH)	June 1998
Licensed Acupuncturist in the State of California (LAc)	June 1999- May 2011
Certificate of Completion of Study in Acupuncture, Tui Na, and Herbology at Shandong University of Traditional Chinese Medicine, Jinan, China	June 1999
Licensed Acupuncturist in the State of Colorado (LAc)	July 1999
Fellow, American Board of Oriental Reproductive Medicine	April 2009

This office complies with all rules and regulations promulgated by the Colorado Department of Health related to the proper cleaning and sterilization of needles used in the practice of acupuncture and the sanitation of acupuncture offices. This office uses only single-use disposable needles, and disposes of them in a manner consistent with OSHA and Colorado State regulations.

The practice of acupuncture is regulated by the Colorado Department of Regulatory Agencies.
Bruce M. Douglas, Director of the Division of Registrations
1560 Broadway, Suite 1545, Denver, CO 80202 (303) 894-2464

Each patient who visits this office is entitled to receive information about the methods of therapy, the techniques used, and the duration of therapy, if known.

Occasionally a patient may experience mild bruising at the site of needle insertion, which heals quickly. Please tell Rachel if you have any conditions which may inhibit blood clotting, such as hemophilia, daily aspirin use, or daily coumadin use.

Each patient may seek a second opinion from another health care professional or may terminate therapy at any time.

In a professional relationship sexual intimacy is never appropriate and should be reported to the Director of the Division of Registrations in the Department of Regulatory Agencies.

24 hours notice is required for cancellation of a scheduled appointment, or the patient will be billed for the missed appointment.

I hereby give permission to the acupuncturist to release any information requested by my insurance company, physicians or other healthcare providers acquired in the course of my examination and treatment. I hereby

authorize and direct my insurance benefits to be paid directly to the acupuncturist. I am financially responsible for non-covered services. I hereby give permission to the acupuncturist to administer treatment and perform such general procedures as she may deem necessary in the diagnosis and/or treatment of my condition. I have read and understand and agree to the above disclosure statement. I understand my rights and responsibilities as a patient:

_____ _____

Patient's Signature Date

_____ _____

Parent/Guardian's Signature (if patient is a minor) Date