



acupuncture

herbs

therapeutics

New Patient Paperwork

Part I. Confidential Health Information

Name:	Date of birth:
Nickname:	Preferred pronoun:
Address:	
Phone:	Email:
Is it OK to text?	
Emergency contact (name, phone #, and relationship to you):	
Have you had acupuncture before?	Where?
How did you hear about us?	

Focus of Treatment

What health concerns/goals brought you into the clinic?

Have you found anything that improves or aggravates your condition(s)? If so, please describe.

improves: _____ makes worse: _____

How does this issue affect your daily life (e.g. in relation to sleep, work, emotions)?

Are you under a physician's care for any of your health concerns? If so, please describe.

Have you sought any other treatment(s) for any of your health concerns? If so, please describe.

Have you had any blood tests, X-rays, CT scans, MRIs, EKGs, or other tests related to your health concerns within the past year? Please list and describe the results to the best of your knowledge and/or memory:

Check conditions you have now or have had in the past:

- Alcoholism
- Anemia
- Bleeding disorders
- Breast lump or other growths
- Cancer -- Type: _____
- Diabetes
- Heart condition or pacemaker
- Hepatitis
- HIV/AIDS
- Stroke
- Tuberculosis

Check symptoms you have now or have had in the past:

- Depression
- Difficulty in focusing
- Easily angered
- Easily fearful
- Easily startled
- Easily worried
- Fatigue/tiredness
- Loss of sleep/poor sleep
- Loss or gain of weight
- Nervousness/irritability
- Overwhelmed by life

Do you have any allergies/sensitivities? If so please list them: _____

Please list all medications, herbs, vitamins, and any other supplements you take. Use the back of this form or a separate piece of paper if you run out of space.

Medication/herb/vitamin/supplement	How often?	Purpose?

Daily Life Activities

Profession(s): _____

Do you have a special diet (e.g. vegan, gluten free, etc.)? _____

Please describe a typical day of eating/drinking:

breakfast:	
lunch:	
dinner:	
snacks:	

Circle one of the following: *I prefer to drink hot/room temperature/cold beverages.*

On a weekly basis, do you find time for physical activity/exercise routines? If so, please describe:

Do you have any hobbies? _____

How would you rate your overall stress level on a scale of 1-10? _____
(1=no stress; 10=extremely stressed)

As an adult, have you had any major surgeries/accidents/hospitalizations/illnesses? If so, please describe below:

Past Issues

Were there any unusual circumstances surrounding your birth?

Did you have any childhood/adolescent surgeries/accidents/hospitalizations? If so, please describe below:

As a child/teen, did you have any recurring illnesses (stomach flu? bronchitis? ear infections?)

Part II: Clinic Guidelines

Please ask a member of the Bluebird Team if you have any questions about these guidelines.

For your appointments:

- Please try to arrive five minutes early so you have time to settle into the space before your session and have some tea, use the restroom, etc.
- Please silence your phone when you arrive
- Eat a light meal before your session to avoid getting hungry or over-tired during your treatment
- If you are coming for a community session: wear loose, comfortable clothes or bring something to change into for your appointment
- Inform your practitioner if you've had any major changes to your health and/or if you've changed your medications and supplements that you listed on this form.
- If you need to change or cancel your appointment, please contact your practitioner directly. We have clinic services seven days a week but we only have clerical services Monday-Friday. Practitioner contact information may be found on our website.
- If you can't make your appointment, please cancel 24 hours before the appointment or our cancellation policy will apply as set by each practitioner. Please note that insurance will not cover cancellation fees.

Paying for services:

- Most of our services are on a sliding scale to accommodate different income levels. Community acupuncture and community bodywork offer affordable options.
- Most of our practitioners and patients operate on a cash basis. Please note that payment is due on the day of your appointment.
- A few of our acupuncturists work with insurance. If you have insurance, you can call and ask what your acupuncture benefits are under your plan. If your insurance does have acupuncture coverage, please understand that you are still responsible for paying any co-payments, deductibles, and/or coinsurances for treatment services as required by your policy. When signing this document on the final page, you authorize your insurance company to make payment to the practitioner for your treatments and services. You also authorize release of information concerning you (or your dependent's) health care, advice and treatment provided only for the purpose of evaluating and administering claims for insurance benefits.

Part III: Mutual Accountability

We make the following commitments to our patients and clients:

As members of the Bluebird Wellness community, we are committed to providing non-judgmental, compassionate, trauma-informed and harm reductionist acupuncture, body and energy work. Our clinic is open to all ages, races, body-types, abilities, sexual orientations, class and gender identities.

In order to create mutual trust, understanding and safety in our clinic, we agree to hold each other mutually responsible to the following agreements:

- We mutually agree to maintain honest and open communication before and during the session.
- We mutually agree to contact each other with any questions, reminders or concerns.

- Some of our services are offered in a group setting. We mutually agree to use a low voice, keep cell phones silent, and to respect the privacy and confidentiality of others.
- We mutually agree that sexual advances or requests are not tolerated in our space. Even questionable sexual discussion can be cause for termination of services. Our work is therapeutic in nature and not meant to be sexual.
- We respect everyone's methods of self-medication. In order to maintain a safe practice space, we respectfully ask of ourselves, our patients, and clients to refrain from being in an intoxicated state before giving or receiving services as it impairs our ability to give a safe treatment, and it impairs our ability to receive full consent from you. If there is reason to believe that one of our practitioners, patients, or clients is under the influence of alcohol or drugs during a session, we reserve the right to terminate or reschedule an appointment.

Part IV: Signature

Please sign and date below to show that you have read this paperwork and completed truthfully to the best of your ability.

Printed Name: _____ Signature: _____

Date: _____