



Alpine Acupuncture
5825 221st Place SE Ste. 204
Issaquah, WA 98027
425-391-7777

Patient Information

Name: _____
First Middle Last

Age: _____ Date of Birth: _____ Gender: _____

Address: _____
City State Zip

Cell Phone: _____ Alt. Phone: _____ Email: _____

Allow this office to leave messages at this phone number? Yes ☐ No ☐

Occupation: _____ Employer: _____

How did you hear about our office? : _____

Insurance Information

Insurance Company: _____ ID #: _____

Subscriber Name: _____ Subscriber Date of Birth: _____

Emergency Contact

Name: _____ Phone: _____ Relationship: _____

Health Information

Medications and Supplements you are currently taking:

1) _____ 2) _____ 3) _____ 4) _____

What brings you in today? :

1) _____ 2) _____ 3) _____

Name of your primary physician: _____ Location: _____

Other physicians/therapists seen for the condition: _____

Anything else you would like me to know? _____



PATIENT AND INSURANCE INFORMATION

Alpine Acupuncture
5825 221st Place SE Ste. 204
Issaquah, WA 98027
425-391-7777

Personal And Family Health History					
Condition	Relation/ Self	C = Current P = Past	Condition	Relation/ Self	C = Current P = Past
Alcoholism			Drug addiction		
Alzheimer's			Epilepsy/ seizures		
Anemia			Glaucoma		
Arthritis			Gout		
Attention deficit			Heart Disease		
Bleeding disorders			Kidney Disease		
Blood pressure ↑/↓			Liver Issues		
Cancer			Lung Issues		
Cholesterol ↑/↓			Mental Illness		
Chronic fatigue			Parkinson's		
Crohn's disease			Skin issues		
Depression			Tuberculosis		
Diabetes			Ulcerative colitis		
Other medical conditions or symptoms that run in your family?					
Hospitalizations, surgeries, serious illnesses, injuries, motor vehicle accidents:					
Number and types of alcoholic beverages per week:					
Smoking: <input type="checkbox"/> Current <input type="checkbox"/> Past <input type="checkbox"/> Never		For how long:		How many per day:	

Review of Systems

Female Reproductive	
Menopause: <input type="checkbox"/> Yes, age: _____ <input type="checkbox"/> No <input type="checkbox"/> Perimenopausal	Number of pregnancies: _____ Cycle length (i.e. 28 days): _____
<input type="checkbox"/> Pregnant <input type="checkbox"/> Nursing <input type="checkbox"/> Trying to conceive	Number of live births: _____ Days heavy: moderate: _____ light: Total: _____
	Number of miscarriages: _____ Cycles: <input type="checkbox"/> regular <input type="checkbox"/> irregular
Do you do self breast exams? <input type="checkbox"/> No <input type="checkbox"/> Yes, how often: _____	Number of abortions: _____ <input type="checkbox"/> Spotting between periods
Number of living children: _____ Birth control methods: _____	
1 = mild or occasional 2 = moderate 3 = severe or frequent P = Past	
Painful menses	Irritability
Breast tenderness	Bloating
Mood changes	Headache
Weight gain	Crave sweets/carbs
	Hot flashes
	Vaginal dryness
	Endometriosis
	Ovarian cyst
	Nipple discharge
	Difficulty w/ conceiving pregnancy, or delivering



PATIENT AND INSURANCE INFORMATION

Alpine Acupuncture
5825 221st Place SE Ste. 204
Issaquah, WA 98027
425-391-7777

Heart

- ☐ Sores On Tips of Tongue
- ☐ Restlessness
- ☐ Mental Confusion
- ☐ Chest Pain Traveling to Shoulder
- ☐ Frequent Dreams
- ☐ Wake Unrefreshed
- ☐ Coffee? How Much Per Week? _____

Lung and Kidney

- ☐ Shortness of Breath
- ☐ Difficulty Keeping Eyes Open (Daytime)
- ☐ General Weakness
- ☐ Easily Catch Colds
- ☐ Low Energy
- ☐ Feel Worse After Exercise
- ☐ Chronic Daily Fatigue & Malaise

Lung

- ☐ Nasal Discharge
- ☐ Cough
- ☐ Nose Bleeds
- ☐ Sinus Congestion
- ☐ Dry Mouth
- ☐ Dry Nose
- ☐ Dry Throat
- ☐ Dry Skin
- ☐ Allergies
- ☐ Alternating Chills / Fever
- ☐ Sneezing
- ☐ Headache
- ☐ Overall achy feeling in body
- ☐ Stiff Neck
- ☐ Stiff Shoulders
- ☐ Sore Throat
- ☐ Difficulty Breathing
- ☐ Smoke Cigarettes
- ☐ Sadness
- ☐ Melancholy

Spleen

- ☐ Low Appetite
- ☐ Abrupt Weight Gain
- ☐ Abrupt Weight Loss
- ☐ Abdominal Bloatin
- ☐ Abdominal Gas
- ☐ Gurgling Noise in Stomach
- ☐ Fatigue After Eating
- ☐ Prolapsed Organs? Which? _____
- ☐ Bruise Easily?
- ☐ Over-Thinking
- ☐ Worry

Small / Large Intestine

- ☐ Loose Stools
- ☐ Constipation
- ☐ Incomplete Stools
- ☐ Diarrhea
- ☐ Blood in Stools
- ☐ Mucous in Stools
- ☐ Undigested Food in Stools

Stomach

- ☐ Burning Sensation after Eating
- ☐ Large Appetite
- ☐ Bad Breath
- ☐ Canker Sores (Mouth)
- ☐ Bleeding, Swollen or Painful Gums
- ☐ Heart Burn
- ☐ Acid Regurgitation
- ☐ Ulcer
- ☐ Belching
- ☐ Hiccups
- ☐ Stomach Pain
- ☐ Vomiting

Dampness

- ☐ Bodily Sensation of Heaviness
- ☐ Mental Heaviness
- ☐ Mental Sluggishness
- ☐ Mental foginess
- ☐ Swollen Hands
- ☐ Swollen Feet
- ☐ Swollen Joints
- ☐ Chest Congestion
- ☐ Nausea
- ☐ Snoring

Liver, Gall Bladder

- ☐ Alternating Diarrhea & Constipation
- ☐ Chest Pain
- ☐ Tight Sensation in the Chest
- ☐ Bitter Taste in the Mouth
- ☐ Anger Easily
- ☐ Anxiety
- ☐ Depression
- ☐ Frustration
- ☐ Irritability
- ☐ Skin Rash
- ☐ Headache Top of Head
- ☐ Tingling Sensation
- ☐ Numbness
- ☐ Cold Hands
- ☐ Cold Fingers
- ☐ Cold Feet
- ☐ Dizziness
- ☐ See Floating Black Spots
- ☐ Muscle Twitching
- ☐ Muscle Cramping
- ☐ Muscle Spasms
- ☐ Seizures
- ☐ Convulsions
- ☐ Lump in Throat
- ☐ Neck Tension
- ☐ Shoulder Tension
- ☐ Limited Range-of-Motions (Neck)
- ☐ Limited Range-of-Motions (Shoulder)
- ☐ Recreational Drugs?
- ☐ Alcohol? Amt. _____
- ☐ High Pitched Ringing in Ears
- ☐ Gallstones
- ☐ STD's
- ☐ Unable to Adapt to Stress

Eyes

- ☐ Itching
- ☐ Bloodshot
- ☐ Hot
- ☐ Dry
- ☐ Watery
- ☐ Gritty
- ☐ Blurry Vision

- ☐ Decreased Night Vision
- ☐ Near - Sighted
- ☐ Far - Sighted

Kidney

- ☐ Cold Hands
- ☐ Cold Fingers
- ☐ Cold Feet
- ☐ Sweaty Hands
- ☐ Sweaty Feet
- ☐ Hot Body Temperature Sensations
- ☐ Cold Body Temperature Sensations
- ☐ Thirsty
- ☐ Perspire Easily
- ☐ Lack of perspiration

Kidney, Urinary Bladder

- ☐ Frequent Cavities, Teeth Problems
- ☐ Easily Broken Bones
- ☐ Sore Knees
- ☐ Weak Knees
- ☐ Cold Sensation in the Knees
- ☐ Low Back Pain
- ☐ Memory Problems
- ☐ Excessive Hair Loss
- ☐ Low-Pitched Ringing in the Ears
- ☐ Kidney Stones
- ☐ Bladder Infections
- ☐ Lack of Bladder Control
- ☐ Wake to Urinate 2 or More Times
- ☐ Fear
- ☐ Easily Startled
- ☐ Low Libido

Male Reproductive

- ☐ Swollen Testes
- ☐ Testicular Pain
- ☐ Impotence
- ☐ Premature Ejaculation
- ☐ Feeling of Coldness in Genitalia
- ☐ Other? _____



Alpine Acupuncture
5825 221st Place SE Ste. 204
Issaquah, WA 98027
425-391-7777

Agreement By The Patient / Guarantor To Be Financially Responsible For Fees

I _____ (patient or guarantor) understand that I am financially responsible for all charges whether or not paid by my insurance. I am aware that some and perhaps all of the services provided may be non-covered services under my insurance. I am also aware that verification of insurance benefits is not a guarantee of payment. I also understand that a monthly interest rate of 1.5% will be applied to any unpaid patient balance over 30 days past due. **Initial:** _____

Agreement By The Patient Regarding Cancelled/Missed Appointments

Patient understands that a missed appointment (No Show) will result in full charges being issued for that appointment. If a patient fails to give the clinic 24 hours notice of a change of appointment, the patient may be charged for that appointment. **Initial:** _____

Medical Release To Insurance Company & Referring Physicians

I authorize the release of medical information to my insurance company / companies and referring physician, including diagnosis and the record of treatment or examinations rendered to me during the period of such medical care, and also request my insurance company / companies to pay directly to Alpine Acupuncture for those medical services. **Initial:** _____

Agreement By The Patient for SMS Contact

I give my consent to receive appointment reminders via text message. **Initial:** _____

Notice Of Privacy Practices – Acknowledgement

- ❖ We keep a record of the health care services we provide you.
- ❖ You may ask to see and copy that record.
- ❖ You may also ask to correct that record.
- ❖ We will not disclose your record to others unless you direct us to do so, or unless the law authorizes or compels us to do so.
- ❖ You may see your record or get more information about it by contacting the Office Manager / HIPAA Officer.

Our Notice of Privacy Practices describes in more detail how your health information may be used and disclosed, and how you can access your information. You acknowledge that you have been provided with a copy of our Notice of Privacy Practices to read. **Initial:** _____

Patient or legally authorized individual signature

Date

Printed name and signed on behalf of the patient

Relationship (Parent, legal guardian, representative)

Witness/Staff Member



PATIENT AND INSURANCE INFORMATION

Alpine Acupuncture
5825 221st Place SE Ste. 204
Issaquah, WA 98027
425-391-7777

Patient Notification of Qualifications and Scope of Practice

I voluntarily consent to be treated by Alpine Acupuncture using East Asian Medicine. This Clinic offers several treatment modalities. The course of the treatment will be determined between the health practitioner and myself. East Asian medicine means a health care service using East Asian medicine diagnosis and treatment to promote health and treat organic or functional disorders.

The scope of practice for an East Asian medicine practitioner in the state of Washington includes the following:

- (a) Acupuncture, including the use of acupuncture needles or lancets to directly or indirectly stimulate acupuncture points and meridians;
- (b) Use of electrical, mechanical, or magnetic devices to stimulate acupuncture points and meridians;
- (c) Moxibustion;
- (d) Acupressure;
- (e) Cupping;
- (f) Dermal friction technique;
- (g) Infra-red;
- (h) Sonopuncture;
- (i) Laserpuncture;
- (j) Point injection therapy (aquapuncture);
- (k) Dietary advice and health education based on East Asian medical theory, including the recommendation and sale of herbs, vitamins, minerals, and dietary and nutritional supplements;
- (l) Breathing, relaxation, and East Asian exercise techniques;
- (m) Qi gong;
- (n) East Asian massage and Tui Na, which is a method of East Asian bodywork, characterized by the kneading, pressing, rolling, shaking, and stretching of the body and does not include spinal manipulation;
- (o) Superficial heat and cold therapies.

I acknowledge that there are some risks to the treatment. These side effects may include, but are not limited to the following:

- (a) Pain following treatment;
- (b) Minor bruising;
- (c) Infection;
- (d) Needle sickness; and
- (e) Broken needle.

The patient must inform the East Asian medicine practitioner if the patient has a severe bleeding disorder or pacemaker prior to any treatment.

Carleton Magus received his Master's Degree in Acupuncture and Oriental Medicine from Bastyr University in 2006. He is nationally board certified by the National Certification Commission for Acupuncture and Oriental Medicine. He is a Licensed Acupuncturist in the State of Washington, holding Acupuncture License number 3000, active from 02/05/2007 to the present.

Patient or legally authorized individual signature

Date

Printed name and signed on behalf of the patient

Relationship (Parent, legal guardian, representative)