Michelle Turley, L.Ac, MTCM

Healing Through Nature's Ancient Wisdom

Patient Intake Form

To help me provide you with the best possible care, please fill out this form as accurately as possible. All the information will be kept confidential in your patient file.

NAME:	Date of Birth:
Mailing Address:	Occupation:
City: State: Zip:	Sex: F M
Home Phone: ( )	Marital Status: Single Married Other
Cell Phone: ( )	E-Mail:
In Case of emergency, contact:	
Relationship	Telephone: ( )
How did you hear about Michelle Turley?	

Are you being treated elsewhere? Yes No

For what complaint?

Personal Physician's Name:

Are you currently using prescription or herbal medicines? Yes No If yes, please list below:

MEDICAL HISTORY: Check all of the boxes below that are now or have been a part of your personal health history

	Current	Past		Current	Past		Current	Past
Arthritis			Chronic Fatigue			Heavy Bleeding		
Abortion			Diabetes			HIV+		
Allergies (specify below)			Digestive Disorders			Hypoglycemia		
Anemia			Emotional Disorders			Injuries		
Asthma			Emphysema			Insomnia		
Bleeding Tendency			Epilepsy			Irregular Pregnancy		
Blood Pressure-High			Headaches			Menstrual Irregularity		
Blood Pressure-Low			Heart Disease			Surgery		
Bronchitis			Hepatitis (specify below)			Vagina Infections		
Cancer								

Other:

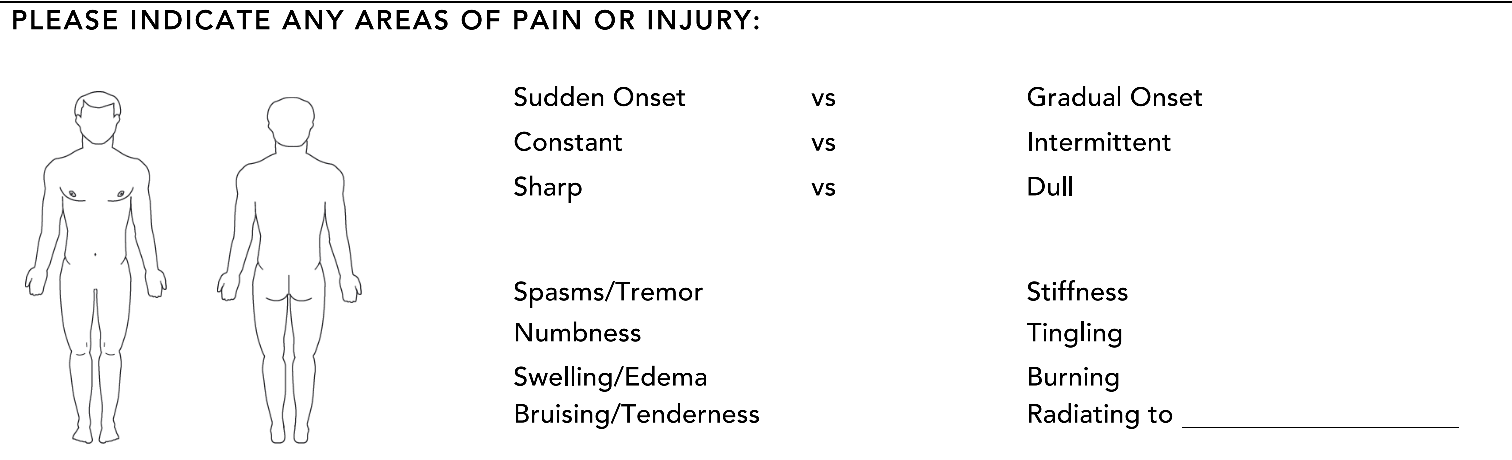
PLEASE COMPLETE & SIGN THE OTHER SIDE

MAJOR COMPLAINT: Please briefly describe your major health concern

LIFESTYLE: Which of the following is/are part of your life style?

Tobacco Smoking	Recreational Drugs	Exercise
Coffee Drinking	Birth Control Pills	Relaxation/Meditation
Alcohol Drinking	Special Diet (*Specify*) _____________	Vitamins/Supplements

PLEASE INDICATE ANY AREAS OF PAIN OR INJURY:



Sudden Onset	vs	Gradual Onset
Constant	vs	Intermittent
Sharp	vs	Dull

Spasms/Tremor	Stiffness
Numbness	Tingling
Swelling/Edema	Burning
Bruising/Tenderness	Radiating to ____________________

OFFICE POLICY:

All fees for medical services are due at the time of visit unless arrangements have been made between Michelle Turley L.Ac. Please note that all published prices reflect a courtesy discount for cash patients.

If you need to cancel an appointment, please give us a minimum of 24 hours notice. There may be a $50 cancellation fee for less than 24-hour notification.

Initials: ______

- My signature authorizes Michelle Turley L.Ac to treat me (or the patient for whom I am legally responsible) with acupuncture and Chinese medicinal herbs within the licensure granted by the Medical Quality Assurance Board of the State of California and the California Acupuncture Committee.
- I do not expect the acupuncturist to be able to anticipate and explain all risks and complications, and I wish to rely on the acupuncturist to exercise judgment during the course of the procedure, which the acupuncturist feels based upon the facts then known, is in my best interests.
- I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.
- I authorize the release of any medical or other information necessary for insurance claim processing and I understand that my individually identifiable medical information will be used only as necessary for purposes of treatment, payment, and other healthcare operations.
- I have received the Michelle Turley L.Ac Notice of Privacy Policies.

Signature: ____ Date: ____________________________

(*Patient, Parent or Guardian*)

FOR OFFICE USE ONLY:

Witness to Patient's Signature: ____________________________ Date: ____________________________

(*Staff or Acupuncturist*)