

**Life's Essence Clinic of Traditional Chinese Medicine**  
**1200 41<sup>st</sup> Ave. Suite G, Capitola CA 95010 (831) 477-7601**

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**Initial Intake Form**

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

**PLEASE PRINT**

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Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Work #: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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How did you hear about us? \_\_\_\_\_

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Do you have Medical Insurance? \_\_\_\_\_ PPO/HMO \_\_\_\_\_ Provider: \_\_\_\_\_

Personal Physician's Name: \_\_\_\_\_

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Are you being treated elsewhere? \_\_\_\_\_ Complaint: \_\_\_\_\_

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Are you currently using prescription prescriptions or Herbal Medicines? \_\_\_\_\_

If yes, please list: \_\_\_\_\_

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**Medical History** (Please check-mark if any of these are now or haven been part of your health history):

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Arthritis             | <input type="checkbox"/> Bronchitis         | <input type="checkbox"/> Headaches           | <input type="checkbox"/> Menstrual Irregularity |
| <input type="checkbox"/> Abortion              | <input type="checkbox"/> Cancer             | <input type="checkbox"/> Heart Disease       | <input type="checkbox"/> Surgery                |
| <input type="checkbox"/> Allergies             | <input type="checkbox"/> Chronic Fatigue    | <input type="checkbox"/> Hepatitis           | <input type="checkbox"/> Vaginal Infections     |
| <input type="checkbox"/> Anemia                | <input type="checkbox"/> Diabetes           | <input type="checkbox"/> HIV Positive        | <input type="checkbox"/> Other: _____           |
| <input type="checkbox"/> Asthma                | <input type="checkbox"/> Digestive Order    | <input type="checkbox"/> Hypoglycemia        | _____   |
| <input type="checkbox"/> Bleeding Tendency     | <input type="checkbox"/> Emotional Problems | <input type="checkbox"/> Injuries            | _____   |
| <input type="checkbox"/> Blood Pressure – High | <input type="checkbox"/> Emphysema          | <input type="checkbox"/> Insomnia            |   |
| <input type="checkbox"/> Blood Pressure – Low  | <input type="checkbox"/> Epilepsy           | <input type="checkbox"/> Irregular Pregnancy |   |
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**Major Complaint:** (Please briefly describe your major health Concern)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Lifestyle:** Which of the following is/are part of your lifestyle?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Tobacco Smoking  | <input type="checkbox"/> Recreational Drugs  | <input type="checkbox"/> Exercise              |
| <input type="checkbox"/> Coffee Drinking  | <input type="checkbox"/> Birth Control Pills | <input type="checkbox"/> Relaxation/Medication |
| <input type="checkbox"/> Alcohol Drinking | <input type="checkbox"/> Special Diet        | <input type="checkbox"/> Vitamins/Supplements  |
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**Office Policy:**

All fees for Medical services are due at the time of each treatment. If you have insurance that covers acupuncture, we will verify benefits, and we will be happy to send the claims to the insurance company.

**I understand that I am responsible for payment of fees for Medical Services if my Insurance Company does not remit payment to Life's Essence Clinic.**

\_\_\_\_\_  
Signature of Financial Responsible Party

\_\_\_\_\_  
Date

If you need to cancel an appointment, please give us a minimum of 24 hours notice. There may be a \$70 cancellation fee for less than 24 hour notification.

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**For your Information:**

1. Sometimes after receiving an acupuncture treatment you may feel a little bit light-headed. If that is the case, please sit for a while in the waiting room. In a few minutes you will feel relaxed and clear headed.
  2. Occasionally you may get a small hematoma (a small dime-sized bruise under the skin) after an acupuncture needle is removed. This is not a case for concern – It will go away in a few days. Gentle pressure applied to the site will stop any small amount of bleeding that is occurring under the skin.
  3. Herbal Prescriptions and herbal patent medications are intended for the person for whom they are prescribed. Do not give herbal formulas to anyone else.
  4. We use only sterile disposable needles at the Life's Essence Clinic. All clinic practitioners are licensed by the Medical Quality Assurance Board of the State of California and the California Acupuncture Committee.
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My Signature authorizes the Life's Essence Clinic to treat me ( or the patient for whom I am legally responsible) with acupuncture and Chinese medicinal herbs within the licensure agreement 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 at the time, based upon the facts then known, in my best interest. 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

Signature: \_\_\_\_\_  
(Patient, Parent, or Guardian)

Date: \_\_\_\_\_

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**For the Clinic:**

Witness of Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Acupuncturist)

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