

Swift Healing

Patient Health History

Name: _____ Date of Birth: _____
(First) (Middle) (Last)

Street Address: _____ City/zip: _____

Contact phone: _____ Where do you work _____ Email: _____

Emergency Contact: _____ Telephone: _____ Relationship: _____

Successful health care and preventative medicine are only possible when the physician has a complete understanding of the patient physically, mentally, and emotionally. Please complete this questionnaire as thoroughly as possible. Print all information and indicate areas of confusion with a question mark. Thank you.

1. What would you like to receive from this care? _____

2. Please identify any health concerns that have brought you to Swift Healing: _____

2. Is there any time, or activity you can be involved with, when you totally or almost totally forget about this condition, symptom or concern about this? _____

4. Is there any time of day or activity that makes you more aware of it? _____

5. If this condition or symptom were to go away tomorrow, what would be different about your life? _____

6. Lifestyle:

a. Do you have a nutritional or dietary plan? If so please describe: _____

b. Daily Exercise: _____

c. Spiritual Practice: _____

d. Sleep Habits: _____

e. Education: _____

f. Occupation: _____ Employer: _____ Hours/Week: _____

Do you enjoy work? Y N Why/Why not? _____

g. Nicotine/Alcohol/Caffeine Use: _____

h. Have you experienced any major traumas? _____

i. Consumption of liquids: _____

j. Interests and hobbies: _____

k. When stressed how do you "center yourself" or regroup? _____

l. Are there any particular factors or elements about your life, experiences, family, work, recreation, past injuries, genetics, outlook etc. that you feel impair your opportunity for full glowing health? _____

m. Do you have any scars? Please note location and origin of operation or injury scars:

n. Is there any other information that you feel would be supportive to share with me:

SWIFT HEALING

Informed Consent for Acupuncture Treatment And Acknowledgment of Privacy Practices

Acupuncture treatment: Acupuncture is a health care service that is based on an Oriental system of medical theory. Diagnosis and treatment based on these theories are used to promote health and to treat organic or functional disorders. Acupuncture and Oriental Medicine procedures have been used effectively to treat disease for hundreds of years. The World Health Organization lists over 40 conditions that are effectively treated by acupuncture, including muscular-skeletal injuries, digestive difficulties, respiratory diseases, and women's health issues. It must be emphasized that the practice of acupuncture in the United States in general and Swift Healing in particular does not provide the services of a primary care physician nor does it take the place of such services.

Nature of Treatment: Your treatment may include acupuncture, moxibustion, acupressure, cupping, *Gua Sha* (dermal friction), *Qi Gong* (energetic exercise), *Tui-na* (Chinese massage) and *Yin Tui-na*. The latter, derived from Chinese massage therapy, is the gentle touching of acupuncture points. Treatment may also include dietary advice and other life-style counseling which is based on traditional Chinese medical theory and is intended to enhance the effectiveness of these various physical processes.

The core of acupuncture is regulating the flow of energy in the body. The principal tool for monitoring energy flow is the taking of pulses. The use of needles and the other processes listed above are the principal means for adjusting the flow of energy. The intake interview, the practitioner's questions and the conversation between patient and practitioner are also key elements in developing the appropriate course of treatment.

Of necessity these processes require touching appropriate parts of the body. The standard practice at Swift Healing is to explain to each patient the course of treatment to the degree the patient wishes that information. If any treatment or process is initiated about which you are uncomfortable or have questions, please ask about it before the treatment or at any time.

Confidentiality of medical records: Except as provided in our Notice of Privacy Practices, your medical records are not released to anybody without your written consent. The most common such practices are the release of information to a medical insurance carrier that a patient identifies as being responsible for reimbursement for services or for consultation with another health care provider that a patient has identified as being involved in his or her care.

Required consultations: In certain circumstances Washington State law requires acupuncturists to consult with a licensed medical doctor or osteopathic doctor before treating patients. Therefore you **must** disclose any of the following potentially serious disorders: cardiac conditions, including uncontrolled hypertension; acute abdominal symptoms; acute, undiagnosed neurological changes; unexplained weight loss or gain in excess of 15% of body weight within three months; suspected fracture or dislocation; suspected systemic infection; any serious, undiagnosed hemorrhagic disorder; and acute respiratory distress without previous history or diagnosis. This consultation requires your authorization; if you refuse the authorization or do not provide a recent diagnosis from the physician, your acupuncture treatment will not continue.

Risks of treatment: Oriental medicine procedures have been shown to be relatively safe. There are some uncommon but potential risks, which include discomfort during and after insertion of a needle; “needle sickness,” which includes dizziness or fainting; localized but minor bruising or swelling; minor burns from moxibustion; infection (which is rare with the use of disposable needles); broken needle; and temporary aggravation of symptoms that existed prior to treatment.

Please notify the acupuncturist if you have any adverse effect from treatment. We will be glad to work with you to overcome any adverse effect.

Special situations: You **must** inform the acupuncturist if you have a severe bleeding disorder, high blood pressure or are wearing a pacemaker or other electronic medical device. In addition, some herbs and acupuncture points are contraindicated during pregnancy. Thus, you **must** notify the acupuncturist if you are pregnant, or if you might be pregnant.

Consent to Treatment and Acknowledgment of Privacy Practices

By signing below you request and consent to the performance of acupuncture and Oriental medicine treatments. You are free to withdraw your consent and stop treatment at any time.

Your signature indicates that you have read and understand the preceding information, that you will ask the acupuncturist if you have any questions about it and that you have disclosed the information about your medical condition as described above. Your signature also authorizes the acupuncturist to consult with your physician about any of the conditions, (noted above) for which consultation is required by law.

By signing this consent to treatment, you agree to pay the established fees for the treatment or authorize health insurance benefits to be paid directly to the acupuncturist and accept responsibility for services not covered by insurance. In the event of a default in payment, you are responsible for unpaid balances, including any attorney or collection charges permitted by law. **A charge of \$80 will be made for appointments that are not kept or are canceled without 24 hours advanced notice.**

Your signature confirms that you have received (or denied) a copy of our Notice of Privacy Practices as required by law. Such practices relate to your protected health information, which can and will be used to provide and coordinate treatment, to obtain payment from insurance companies for health care services, and to conduct normal health care operations.

Patient’s Name (Please print) _____

Patient’s Signature _____

Date signed _____

Received by _____ **Date** _____

Qualifications: Brent Swift is licensed by the State of Washington to practice East Asian Medicine. He was awarded a Master’s Degree in Acupuncture by the Oregon College of Oriental Medicine. He holds NCCAOM and NADA certification.