

Welcome to Harmony Acupuncture Wellness Clinic

Harmony Acupuncture @ Falling Leaves Health
 300 S. Jackson Street #250 Denver, CO 80209
 720-299-8278 or 303-393-1600

Harmony Acupuncture at Zoe Salon & Spa
 5956 S. Holly St. Greenwood Village, CO 80111
 720-299-8278 or 303-694-4717

Please check the box for the location nearest you.

Please take a moment to provide us with some information about yourself and your health conditions so that we may do our best to treat you. Harmony Acupuncture considers this information privileged physician/patient communication and will hold it in confidence.

Patient Information

NAME (LAST, FIRST, MIDDLE)			DATE	
AGE	DATE OF BIRTH	SEX _ Male _ Female	MARITAL STATUS _ Single _ Married _ Separated _ Divorced _ Widowed	
HOME ADDRESS		CITY	STATE	ZIP
PHONE – HOME		CELL	EMAIL ADDRESS	
EMPLOYED BY				
EMPLOYERS ADDRESS		CITY	STATE	
OCCUPATION		WORK PHONE		
SPOUSE'S NAME				
CONTACT IN CASE OF AN EMERGENCY		RELATIONSHIP	PHONE	
MEDICAL INSURANCE CARRIER		POLICY NUMBER	PATIENT ID	
HOW DID YOU HEAR ABOUT OUR CLINIC?				
NAME OF YOUR DOCTOR		NAME OF YOUR SPECIALTY CLINIC		

NAME (LAST, FIRST, MIDDLE)	DATE
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Medical History

MAJOR COMPLAINT/HEALTH PROBLEM YOU WOULD LIKE US TO TREAT:

HOW DID THIS CONDITION DEVELOP?

SIGNIFICANT TRAUMA (AUTO ACCIDENTS, FALLS, ETC.)

HOW LONG HAS THIS CONDITION PERSISTED?

IS THERE ANYTHING THAT MAKES IT BETTER OR WORSE?

IF YOU HAVE PAIN—IS IT SHARP OR SHOOTING, PINS AND NEEDLES, OR DULL? CHRONIC OR ACUTE?

CONFIDENTIAL

NAME (LAST, FIRST, MIDDLE)	DATE
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LIST ANY SUBSTANCES THAT YOU ARE ALLERGIC TO:

LIST ANY MEDICATIONS/HERBS/DRUGS THAT YOU ARE CURRENTLY TAKING:

LIST ANY MAJOR SURGERIES YOU HAVE HAD:

Do you have a history of any of the following conditions?

AIDS	Yes	No	High Blood Pressure	Yes	No
Anxiety Attacks	Yes	No	Intestinal Bleeding	Yes	No
Asthma	Yes	No	Kidney Infection	Yes	No
Autoimmune Disease	Yes	No	Kidney Stones	Yes	No
Birth Defects	Yes	No	Lupus Erythematosus	Yes	No
Bladder Infections	Yes	No	Migraine	Yes	No
Blood Disorders	Yes	No	Neurologic Disorders	Yes	No
Breast Tumors or Cancer	Yes	No	Other Forms of Arthritis	Yes	No
Bronchitis	Yes	No	Other Heart Conditions	Yes	No
Cancer	Yes	No	Other Kidney Problems	Yes	No
Cirrhosis	Yes	No	Other Lung Problems	Yes	No
Connective Tissue Disorders	Yes	No	Panic Attacks	Yes	No
Diabetes	Yes	No	Paralysis	Yes	No
Epilepsy	Yes	No	Pneumonia	Yes	No
Gallstones	Yes	No	Prolonged Dizziness	Yes	No
Gastric/Duodenal Ulcers	Yes	No	Rheumatic Fever	Yes	No
German Measles (Rubella)	Yes	No	Rheumatoid Arthritis	Yes	No
Glasses/Contact lenses	Yes	No	Seizures	Yes	No
Heart Attack	Yes	No	Thyroid Problems	Yes	No
Heart Disease	Yes	No	Tuberculosis	Yes	No
Heart Murmur	Yes	No	Varicose Veins	Yes	No
Hepatitis	Yes	No			

NAME (LAST, FIRST, MIDDLE)	DATE
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Health History

Please check any symptoms you currently have or have had in the past year:

General

- Chills
- Low energy
- Dizziness
- Allergies
- Fatigue
- Fevers
- Excess thirst
- Insomnia
- Nervousness
- Numbness
- Sweat spontaneously
- Night sweating
- Lack of sweating
- Weight loss
- Weight gain
- Aversion to heat
- Aversion to cold

Head & Neck

- Blurred vision
- Heaviness in the head
- Headache
- Phlegm in throat
- Cataract
- Double vision
- Earache
- Ear discharge
- Eye pain/strain
- Corrected vision
- Nasal obstruction
- Nasal discharge
- Loss of sense of smell
- Hearing loss
- Hoarseness
- Nosebleeds
- Recurrent sore throat
- Red/inflamed eye
- Ringing in ears
- Sinus problems
- Sores on lips
- Sores on tongue
- Taste change
- Teeth problems
- Vision – see halos

Respiratory

- Asthma
- Hay fever
- Persistent cough
- Coughing blood
- Shortness of breath
- Recurrent bronchitis
- Phlegm production

- Difficulty inhaling
- Difficulty exhaling

Cardiovascular

- Chest pain
- High blood pressure
- Low blood pressure
- Irregular heart beat
- Poor circulation
- Swelling of ankles
- Varicose veins
- Hypochondriac pain
- Distention in chest or hypochondrium

Gastrointestinal

- Abdominal pain
- Bloating
- Belching
- Gas
- Constipation
- Diarrhea/loose stools
- Bloody stools
- Black stools
- Difficulty swallowing
- Poor appetite
- Heartburn/reflux
- Hemorrhoids
- Indigestion
- Poor appetite
- Stomachache
- Nausea
- Vomiting
- Vomiting blood

Diet/Lifestyle

- Vegetarian
- Healthy diet
- Eat much fried foods
- Eat much meat
- Smoke cigarettes
- Drink alcohol
- Drink coffee
- Use drugs
- Eat a lot of sweets
- Take melatonin
- Take steroids
- Exercise regularly
- Exercise excessively

Weight

- Underweight
- Normal for height
- Overweight

- Very overweight

Genitourinary

- Dilute urine
- Dark urine
- Blood in urine
- Cloudy urine
- Burning urination
- Scanty urine
- Profuse urine
- Frequent urination
- Poor bladder control
- Urgency to urinate

Musculoskeletal

- Pain, weakness, numbness:
- Arms
- Feet
- Hands
- Joints
- Legs
- Hips
- Neck
- Shoulders
- Pain all over
- Cold limbs
- Knee problems
- Low back pain
- All over weakness
- Lack of strength
- Broken bones

Skin

- Thick skin
- Thin skin
- Broken blood vessels
- Blood not clotting
- Bruise easily
- Discoloration
- Dark circles around eyes
- Bags under eyes
- Lumps in groin
- Lumps underarm
- Dry skin
- Acne
- Brittle nails
- Premature gray hair
- Dry, brittle hair
- Hair falling out

Neurologic

- Fainting

- Convulsions
- Handwriting change
- Paralysis
- Stroke
- Seizures
- Tremor
- Recent clumsiness
- Drowsiness
- Vertigo

Emotional

- Insomnia
- Irritability
- Often feel angry
- Troubling dreams
- Cry uncontrollably
- Feel sad a lot
- Forgetful
- Mind not clear
- Anxiety
- Much fear
- Unrestrained joy
- Terrors
- Difficulty expressing emotions

Men Only

- Genital pain
- Impotence
- Genital sores
- Lump in testicles
- Penis discharge
- Nocturnal emission
- Low sexual energy

Women Only

- Abnormal pap smear
- Bleed between periods
- Irregular periods
- Heavy periods
- <25 day cycle
- >35 day cycle
- Endometriosis
- Painful periods
- Premenstrual tension
- Breast lumps
- Contraceptives
- Sores on genitalia
- Low sexual energy
- Vaginal discharges
- Menopausal
- Uterine prolapse
- Facial hair
- Loss of head hair
- May be pregnant

Harmony Acupuncture Wellness Clinic financial policy

I understand that health insurance policies are an arrangement between an insurance carrier and myself. I assume full responsibility for verification of benefits including which services are covered under my policy, portion of fees covered, and annual maximum of coverage. Furthermore, I understand that Harmony Acupuncture will prepare any necessary reports and claim forms to assist me in collecting reimbursement from my insurance company and that I will collect the amount covered directly from my insurance company. Any amount paid to the provider will be reimbursed to the patient by check upon receipt. I clearly understand that all services rendered are charged directly to me and that I am personally responsible for payment in full at the time of service.

Your appointment time is reserved specifically for you. Therefore, Harmony Acupuncture requests at least 24 hours notice for any cancellation or rescheduling of appointment times. Repeat missed appointments or short notice cancellations may result in a missed appointment fee of \$40.00. Exceptions to this policy include cancellations due to illness, family or personal emergency, and last minute changes in scheduling of procedures with your medical doctor. Please notify Harmony Acupuncture as soon as possible if you are unable to keep your appointment for any of these reasons.

Harmony Acupuncture fee schedule:

Initial 30 min Consultation without treatment: No Charge
Acupuncture \$80.00
Abdominal Massage 1 hour \$80.00
Abdominal Massage 30 minutes \$45.00
Microcurrent/LED Facial: \$165

Herb and supplement prices are variable according to medication prescribed and amount of medication prescribed

Please sign and date below stating that you have received and understand the above policies

_____ Date: _____