



Acupuncture Intake Form for Induction of Labour

Healing Cedar Wellness

To assist in providing you with the best possible care, please fill out this form as accurately as you can. All the information provided will be kept confidential in your patient's file.

PATIENT INFORMATION

NAME:		TODAY'S DATE:
DATE OF BIRTH:	AGE:	SEX:
HOME ADDRESS:		POSTAL CODE:
HOME PHONE:	MOBILE PHONE:	
EMAIL:	OCCUPATION:	

EMERGENCY CONTACT:	PHONE:	RELATIONSHIP:
FAMILY PHYSICIAN:	PHONE:	NAME OF CLINIC:
NAME and DESIGNATION OF PRIMARY BIRTH ATTENDANT (eg MD, OB/GYN, Midwife)		CONTACT NUMBER FOR BIRTH ATTENDANT
List all prescription medications currently taking (with dosage if possible):		
List all non-prescription medications or supplements currently taking:		

REASONS FOR TODAY'S VISIT TO OUR CLINIC

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Is this your first time for Acupuncture? **YES** **NO** If no, what have you had acupuncture for? _____

Please indicate which Healing Cedar Wellness Practitioner you will be seeing for this treatment:

How did you hear about the clinic and/or above stated Practitioner?

- Internet search Walk by Family/Friend referral Other Health Practitioner Referral

Please provide name and designation of source of referral, if referred by another Health Practitioner:



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IMPORTANT PREGNANCY INFORMATION (all information in this section must be filled out in order to receive treatment)

Week of Gestation		Estimated Due Date	
Scheduled induction date: (if applicable)	Are you carrying twins or multiples? YES NO	Is there known breech presentation? YES NO	
Is this your first pregnancy? YES NO	If not, how many pregnancies have you had?		
How many children do you have, and how old are they?		Have you had any miscarriages? Please provide dates:	
Are there any current concerns or complications with this pregnancy? Please provide details:			
Have you had any complications with pregnancies in the past? Please provide details:			
Is there any history of pregnancy complications within the direct female relatives of your family? Please provide details:			
Results of non-stress test (if applicable)	Most recent blood pressure value	Status of cervix (if known)	
Is the baby engaged? YES NO UNKNOWN	Have you been having any contractions? YES NO	If having contractions, how often?	
Are the membranes intact? YES NO UNKNOWN	Have you had or are scheduled for a membrane sweep? YES, have had YES, am scheduled NO		
Have you been using any other natural induction tools? Please provide details (eg herbal teas, pressure points, etc)			

Please note that the use of acupuncture for labour induction purposes can be contraindicated in the case of carrying twins or multiples, in case of non-frank breech presentation, and in cases of serious complications or concerns regarding the pregnancy.



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PERSONAL MEDICAL HISTORY

Past and current medical diagnosis (given by certified medical professional), include date diagnosed	
List all allergies and sensitivities:	
History of hospitalizations, surgeries, significant illnesses, or injuries (what for, date):	
History of significant illness in your family (who, what):	
Do you have a pacemaker?	Do you have any metal implants? (e.g. plate and screws)

Please check any of the following **conditions** that you currently suffer from, or have a medical history of:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> anemia | <input type="checkbox"/> fibromyalgia | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> respiratory disease |
| <input type="checkbox"/> asthma | <input type="checkbox"/> gall stones | <input type="checkbox"/> kidney disease | <input type="checkbox"/> skin conditions |
| <input type="checkbox"/> autoimmune | <input type="checkbox"/> glaucoma | <input type="checkbox"/> kidney stones | <input type="checkbox"/> spinal injury |
| <input type="checkbox"/> cancer | <input type="checkbox"/> bleeding disorder | <input type="checkbox"/> liver disease | <input type="checkbox"/> seizures |
| <input type="checkbox"/> chest pain | <input type="checkbox"/> heart disease | <input type="checkbox"/> low blood pressure | <input type="checkbox"/> dizziness/fainting |
| <input type="checkbox"/> chronic fatigue | <input type="checkbox"/> gastrointestinal disorder | <input type="checkbox"/> mental illness | <input type="checkbox"/> stroke/ITA |
| <input type="checkbox"/> clotting disorder | <input type="checkbox"/> hepatitis A | <input type="checkbox"/> migraines | <input type="checkbox"/> thyroid problem |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> hepatitis B | <input type="checkbox"/> multiple sclerosis | <input type="checkbox"/> tuberculosis |
| <input type="checkbox"/> deep vein thrombosis | <input type="checkbox"/> hepatitis C | <input type="checkbox"/> osteoporosis | <input type="checkbox"/> ulcers |
| <input type="checkbox"/> depression/anxiety | <input type="checkbox"/> high blood pressure | <input type="checkbox"/> pacemaker | <input type="checkbox"/> varicose veins |

Other (please specify):

INFORMED CONSENT

Please read the following information carefully, and ask your practitioner if you have any questions:

The Traditional Chinese Medicine (TCM) practises of acupuncture, electro-acupuncture, moxabustion, cupping, gua-sha, and tuina are considered to be very safe and effective treatments. Your practitioner may use one or many of these techniques in the course of your treatment. It is important that you inform your practitioner of all health conditions (including pregnancy) and medications, as some of these techniques could be inappropriate or require modification in these circumstances.

Acupuncture involves the insertion of sterile, single-use, disposable needles to specific points on the body to achieve therapeutic effect. Please be aware that you should not make any significant movements while these needles are being applied, retained, or removed. **Electro-acupuncture** is the addition of a mild electric pulse to these points to increase point stimulation. **Moxabustion** is the application of indirect heat by burning a stick of compressed *Artemisiae vulgaris* (commonly known as Mugwort), over acupuncture points as an alternative or addition to stimulate meridian circulation. **Cupping** involves the application of round suction cups (made of glass, plastic, or silicone) over muscle area to enhance blood circulation to the area. **Gua-Sha** is best described as a “scraping technique”, where friction is applied to areas of skin to enhance the dermal circulation. **Tuina** is a form of physical manipulation where pressure or massage techniques are applied to points on the body. Please be aware that an infra-red heat lamp is often used during treatment, both to keep exposed parts of the body warm during treatment, as well as to apply heat therapy to areas of the body. The treatment tables also have heating pads on them, to increase your comfort during treatment.

As with any therapy, there are some risks and possible side-effects to these treatments to be aware of:

Residual needle sensation – there may be a residual sensation at the point of insertion that may last for a period of time after the needles have been removed. This can be common if strong stimulation has been achieved. Please advise your practitioner if this does not dissipate in 1-2 days

Drowsiness or dizziness – please ensure that you eat and drink before treatment, as these effects may be more common if your blood sugar is low, or if you are dehydrated. It is also recommended that you do not drive or operate equipment immediately after treatment if you are feeling dizzy or lightheaded.

Fainting – more likely again if you are hungry or dehydrated, or if it is your first acupuncture treatment.

Bruising, bleeding, or swelling – small amounts of bleeding (often 1 or more drops) are common to occur at the site of needle insertion. Bruising may also occur at the site of needle insertion. Both cupping and gua-sha commonly leave noticeable marks or bruises on the skin. Bleeding usually ceases within seconds, and any bruising that occurs usually dissipates within a few days to a week. Please advise a physician if any of these effects seem severe.

Temporary aggravation of symptoms – as with many types of healing, symptoms may sometimes worsen before improving. Please advise your practitioner if symptoms worsen for more than a few days.

Burning – this is possible with the use of a Mugwort stick in moxabustion, and also a risk with using an infra-red heat lamp close to the skin. Cupping with glass cups utilizes a small flame to create the vacuum within the cup, so burning is a possibility with this technique as well. Please advise your practitioner or a physician if it seems severe.

Healing Cedar Wellness is an Integrated Health Clinic, and as such other practitioners working with you have access to your file. This information will only be viewed by the Practitioners you are seeing if and when appropriate. Practitioners also may have a Locum working in their place in circumstances (eg. vacation or illness) when they may be unavailable for your treatment. Every effort will be made to inform you of these circumstances at the time of booking.



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STATEMENT OF CONSENT TO TREATMENT

As a patient of _____ (Practitioner name), I _____ (Patient name) have read the information and understand that this form of medical care is based on Traditional Chinese Medicine principles and practices. I am relying on my Practitioner to exercise judgment during the course of my treatment, trusting that, based on the facts then known, this treatment plan is appropriate and in my best interests. I understand that these practices are not intended to be substitutes for treatment by a medical doctor. I know that at, at any given time during the treatment, I may request my Practitioner to stop, modify, or change the treatment plan. I also know that I may decline treatment by a Locum if I so desire.

As Healing Cedar Wellness is an Integrated Health Clinic; I recognize that all the Practitioners that are working with me may have access to my file and will ensure all information is private and confidential. I also recognize that even the gentlest therapies potentially have their complications, and hence the information provided must be complete and inclusive of all health concerns including pregnancy, significant medical history, and all medications (including over the counter drugs and supplements).

The above stated Practitioner utilizes therapies as outlined by the theories of Traditional Chinese Medicine and Acupuncture; however, I do not expect this Practitioner to be able to anticipate all of the risks and complications associated with this treatment. I have been informed that certain side effect reactions to treatment may occur, including such reactions as residual needle sensation, dizziness, fainting, bruising, bleeding, injury, temporary aggravation of symptoms, or other related reactions.

I hereby request and consent to acupuncture treatments, herbal treatments, and other practices within the scope of Traditional Chinese Medicine on me by the above stated Practitioner. I intend this consent to also apply to a Locum working in their stead. I also confirm that I have the ability to accept or reject this care and treatment of my own free will and choice, and that I am not an agent of any private, local, provincial, or federal agency attempting to gather information without so stating.

I accept full responsibility for fees incurred during this care and treatment, and **agree to the cancellation policy of this clinic requiring 24 hrs notice for all cancelled appointments.** With this policy, I am aware that full price of appointment will be charged in the case of missed appointment or late (less than 24 hours) cancellation. I am also aware that if I show up late for my appointment, that my appointment will still end at the designated time, or that my appointment may be cancelled at my own cost if the Practitioner decides there is not enough time to properly complete a treatment.

Name (please print): _____

Signature: _____ Date: _____

Parental Consent (if under 18): _____

Witness: _____