The Get Well Clinic
Camberwell Community Acupuncture

ZenYoga
2D Camberwell Grove (opposite no.43)
SE5 8RE

New patient intake form Date: ____/____/____

Name: _____ DOB: ___/___/___
Address: _____
Phone: _____ E-mail: _____
Occupation: _____ Do you enjoy your work? _____
How did you find us? _____
Doctor (or Surgery) name & address: _____

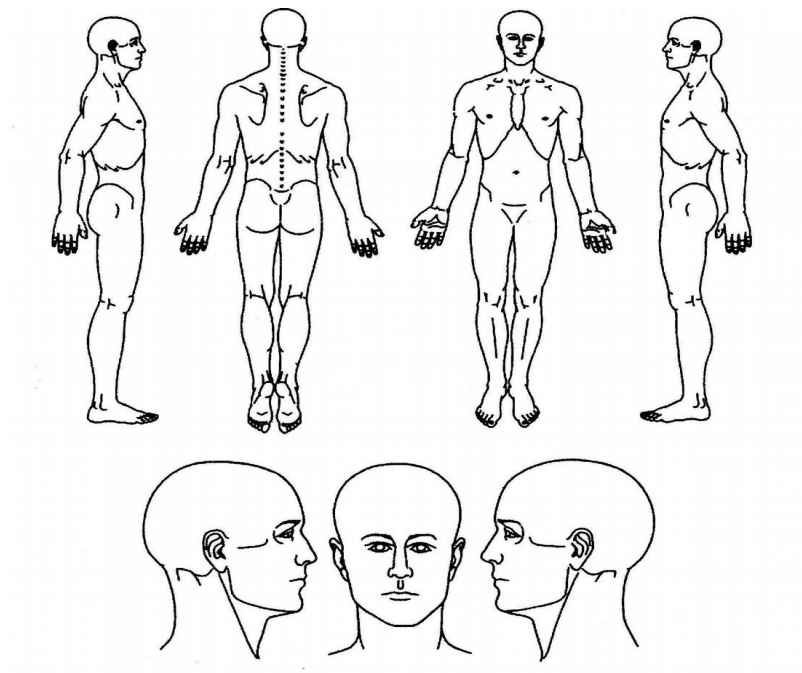
Reason(s) for treatment?

1. _____
Circle severity: 0 1 2 3 4 5 6 7 8 9 10
For how long do you have it? _____ Is it getting worse Y N
It affects your: Work Sleep

2. _____
Circle severity: 0 1 2 3 4 5 6 7 8 9 10
For how long do you have it? _____ Is it getting worse Y N
It affects your: Work Sleep

3.
Circle severity: 0 1 2 3 4 5 6 7 8 9 10
For how long do you have it? _____ Is it getting worse Y N
It affects your: Work Sleep

MARK PAINFUL OR DISTRESSED AREAS ON THE CHARTS



List medication/s you're taking now:

List surgeries, traumas, injuries, accidents (and when):

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Medical conditions:

- ☐ AIDS/HIV+
- ☐ Anaemia
- ☐ Angina
- ☐ Arthritis
- ☐ Cancer
- ☐ Diabetes
- ☐ Eating disorder
- ☐ Heart disease/attack
- ☐ Hepatitis (type ___)
- ☐ Insomnia
- ☐ Migraines

Please tick/circle any of the following you experience either regularly or occasionally:

- ☐ Allergies _____
- ☐ Anxiety
- ☐ Apathy
- ☐ Arthritis
- ☐ (where) _____
- ☐ Asthma
- ☐ Cold Hands/Feet
- ☐ Constant tiredness
- ☐ Depression
- ☐ Dizziness
- ☐ Excessive worry
- ☐ Fear
- ☐ Feeling unsupported
- ☐ Grief
- ☐ Hayfever
- ☐ Headaches/migraines
- ☐ Insomnia
- ☐ Loss/Gain of weight
- ☐ Outbursts of anger
- ☐ Palpitations – At Rest/During Activity/Randomly
- ☐ Panic attacks
- ☐ Poor concentration

Muscle / Joints / Bones:

- ☐ Tight/stiff muscles/joints
- ☐ Swollen joints (where) _____
- ☐ Cramps
- ☐ Spine/neck/shoulder pain

Sleep:

- ☐ Difficulty getting to sleep
- ☐ Waking at night
- ☐ (how often _____)
- ☐ Night sweats
- ☐ Dream disturbed sleep
- ☐ Wake early
- ☐ Wake exhausted
- ☐ Waking to pee
- ☐ (how often _____)

Eyes / Ear / Nose / Throat / Respiratory

- ☐ Difficulty breathing in/out
- ☐ Frequent colds
- ☐ Persistent cough
- ☐ Sinus problems
- ☐ Hayfever
- ☐ Blurred/tired/itchy/dry/sore eyes
- ☐ Earache
- ☐ Ringing in ears (L/R/both)
- ☐ Loss of hearing
- ☐ Gum/teeth trouble
- ☐ Nose bleeds

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Skin:

- ☐ Bruise easily
- ☐ Dry skin
- ☐ Eczema
- ☐ Psoriasis
- ☐ Itching/rash
- ☐ Other: _____

Urinary/Bowels/Digestion:

- ☐ Cloudy urine
- ☐ Blood in urine
- ☐ Pain on urination
- ☐ Frequent urination
- ☐ Yellow/clear (other_____)
- ☐ Kidney stones/infection
- ☐ Gall stones/pain in Gallbladder
- ☐ Bloating
- ☐ Constipation
- ☐ Diarrhoea
- ☐ Abdominal pain
- ☐ Poor appetite
- ☐ Indigestion
- ☐ Nausea
- ☐ Vomiting
- ☐ Other: _____

Cardiovascular:

- ☐ Chest pain
- ☐ High/Low blood pressure
- ☐ Poor circulation
- ☐ Rapid/irregular heart beat
- ☐ Swollen ankles
- ☐ High cholesterol
- ☐ Other: _____

Gynaecological (for women):

- ☐ Menstrual cycle _____ days/irregular
- ☐ PMT/period pain – physical/emotional
- ☐ Period is light/medium/heavy
- ☐ Large/small clots in period
- ☐ Lasts ___ days
- ☐ Bleeding between periods
- ☐ Thrush/bacterial infection
- ☐ Previous miscarriage
- ☐ Pregnant
- ☐ Infertility
- ☐ Other: _____

Men:

- ☐ Prostate trouble
- ☐ Erectile dysfunction
- ☐ Low libido
- ☐ Other: _____

Motivations:

☐ Energy levels	1 2 3 4 5 6 7 8 9 10	☐ Confidence	1 2 3 4 5 6 7 8 9 10
☐ Willpower	1 2 3 4 5 6 7 8 9 10	☐ Self worth	1 2 3 4 5 6 7 8 9 10
☐ Creativity	1 2 3 4 5 6 7 8 9 10	☐ Excitement in life	1 2 3 4 5 6 7 8 9 10
☐ Planning	1 2 3 4 5 6 7 8 9 10	☐ Feeling supported	1 2 3 4 5 6 7 8 9 10
☐ Decision making	1 2 3 4 5 6 7 8 9 10	☐ Managing stress	1 2 3 4 5 6 7 8 9 10

Anything else?

_____

_____

_____

The Get Well Clinic can contact my GP if considered important Y/N

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Coming for treatment

Please arrive 5 minutes before your treatment time and bring this new patient form with you. A multibed clinic is fast-paced by nature – if you arrive late we may not be able to treat you.

The clinic is cash on the day only, there is a nearby cash machine (with a withdrawal charge), so you may want to ensure you have cash before you come. Out of respect to the practitioners and other people seeking treatment, **please give 24 hours notice to cancel or postpone a treatment, otherwise you will be charged** the minimum treatment fee (£20) for the missed appointment.

Please wear loose clothing for easy access to legs, arms, abdomen and back so that you do not need to undress. Treatment usually lasts 30-45 minutes.

Acupuncture is a safe method of treatment, but on rare occasions it may induce minor bleeding, bruising, numbness or tingling near the needling sites, dizziness and fainting, which are not imposing any risks or danger to the patient's health or life.

By voluntarily signing below, I show that I have read the above consent to treatment, have been told about the risks and benefits of acupuncture, and have had an opportunity to ask questions.

Signature _____ Date: ____/____/_____

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