

PATIENT HEALTH HISTORY

Name			
Birth Date	<i>month</i>	<i>day</i>	<i>year</i>
Email			
Phone			
Address	<i>street address</i>		
	<i>city</i>	<i>province</i>	<i>postal code</i>

Emergency Contact	<i>name</i>	<i>phone</i>	<i>relation</i>
Family Contact	<i>name</i>	<i>phone</i>	<i>relation</i>
Family Doctor Information	<i>name</i>		
	<i>phone</i>	<i>address</i>	

Allergies/Drug Reactions
Current Medications & Supplements

Past Medical History
Family Health History

What brings you into Ottawa Community Acupuncture today?		
	Condition	For How Long?
#1		
#2		
#3		

Date of Last PHH: _____ Patient Signature _____ Practitioner Signature _____

Other Current Health Conditions

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Are you currently pregnant?

- Yes No Maybe

Do you currently have:

- Pacemaker
- Metal implants
- Blood clotting disorder
- Infectious virus

Is there any other information you wish to share with us about yourself or your health?

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Were you referred to us by another health care provider? YES NO

If yes, please share the following:

Practitioner Name	
Type of Care	
Given Diagnosis	
Phone Number	
Address	

Do you have other care providers assisting with the above issue(s)?

If yes, please list:

Practitioner Name	Type of Health Care

How did you hear about Ottawa Community Acupuncture?

- Word of mouth from a friend, family member, or colleague
- Internet search
- Just strolling by
- Facebook or Instagram posts
- Posters, business cards, or other advertising around town
- I was referred by another health care practitioner
- Promotional event or presentation

Any interest in getting our seasonal e-newsletter? NO YES

Consent to Treatment & Fees	
I understand that:	Initials
An acupuncture treatment involves inserting single-use, sterile needles into the surface of the skin to promote healing	
I can withdraw my consent and stop treatment at anytime	
Acupuncturists at Ottawa Community Acupuncture do not provide western medical diagnoses.	
Results and/or cures from symptoms are not guaranteed	
I must tell the acupuncturist (in person or via this form) if I have major allergies, a pacemaker, metal implants, a blood clotting disorder, or a bloodborne virus	
Acupuncture can have post-treatment side effects: <ul style="list-style-type: none"> • Slight bleeding or bruising after needle removal • Stinging or aching around a point after needle removal • Nerve pain or tingling • Anxiety or nausea • Fainting (rare) 	
There is a \$20 fee if I schedule an appointment and don't show up (emergencies excluded)	
If I book and miss 5 appointments, I will no longer be able to book online and must walk-in for my appointments	
Late cancellations count as missed appointments (\$20 fee). I can avoid this fee by cancelling (1) online right up to the start of the appointment time (2) by phone/voicemail 4 hours in advance of my appointment time	

I consent to receiving treatment at Ottawa Community Acupuncture and the above fees:

Patient or substitute decision maker signature

Acupuncturist signature

Consent to the Collection, Use & Disclosure of Personal Health Information	
I understand the practitioners at Ottawa Community Acupuncture:	Initials
(1) Collect and use my personal health information so they can (i) provide acupuncture and traditional Chinese Medicine care (ii) create treatment records and (iii) make payment records, all as required by their governing body, the CTCMPAO*	
(2) Will never share my personal health information with another practitioner/party unless I wish it and have given my written consent the exceptions being (1) a requirement by law (2) I need emergency health care	
(3) Are the custodians of my personal health information record, and I can access my record for review and can request a correction if I believe there are mistakes in it (some exceptions apply)	
I understand I do not have to sign this form and can withdraw my consent at any time by contacting Rachel Lipton, owners of Ottawa Community Acupuncture. I understand a withdrawal of consent may affect the services I can receive.	

**College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario*

I understand the contents of this form and give my consent to Ottawa Community Acupuncture to collect, use, and disclose my personal health information as outlined above:

Patient or substitute decision maker signature

Acupuncturist signature