

Client Registration Form & Informed Consent

Equilibrium Acupuncture | Amber Morgan | Acupuncturist



I am a Chinese medicine trained practitioner in the discipline of acupuncture registered with the Australian Health Practitioner Regulation Agency and the Chinese Medicine Board of Australia.

Client Information (please print)				<i>*Indicates a compulsory field</i>	
*Mr/Master *Mrs/Miss/Ms	* Given Name	*Surname Name			
		*Gender			
*Date of Birth					
*Address					
*Suburb		*Postcode		*Email	
*Healthfund					
*Mobile			Phone(home)		
Ethnicity			Occupation		
*Emergency Contact Information					
Name	Relationship		Phone		
Religious and Cultural beliefs that may influence treatment					
Do you prefer to have an interpreter for communication			Yes <input type="radio"/>	No <input type="radio"/>	
If so, please specify					
Primary Health Care Provider/Doctor Information					
Name		Clinic Name/Address			
Referral Information					
Referred by	Family/Friend <input type="radio"/>	Social Media <input type="radio"/>	Advertisement <input type="radio"/>	Location <input type="radio"/>	
Health Professional (specify)			Other (Specify)		
Health Information					
What is your main reason for treatment?					
Please Tick (✓) all current and cross (x) past symptoms that apply to you					
Pain/stiffness	Senses	Digestive	Women Only		
Back	Headache	Diarrhea/loose stools	Difficult menstruation		
Neck	Dizziness/light headed	Constipation	Premenstrual syndrome		
Shoulder/arm/hand	Heavy/muzzy head	Abdominal discomfort	Fertility		
Leg	Fainting	Nausea/reflux	Pregnancy		
Tingling/numbness	Visual impairment	Respiratory	Menopause		
Arms/hands/fingers	Tinnitus (ringing ears)	Sinus problems	Breast feeding		
Legs/feet/toes	Loss of hearing	Cough	Low/loss of libido		
Other	Neurological	Difficulty breathing	Men Only		
Balance	Body fatigue	Hay fever	Prostate problems		
Weakness/clumsiness	Chronic pain	Asthma	Testicular pain		
Loss of balance	Muscle cramps	Chronic bronchitis	Fertility		
Vertigo	Muscle weakness	Immune	Low/loss of libido		
Renal	Memory loss	Frequent colds/flu	Erectile dysfunction		
Frequent urination	Confusion	Frequent UTIs	General Well Being		
Incomplete urination	Heart & Circulation	Chronic Fatigue	Fatigue		
Urinary tract pain	Chest pain	Fibromyalgia	Tension		
Incontinence	Heart problems	IBS, Cohn's or UC	Stress		
Skin	High blood pressure	Multiple Sclerosis	Irritability		

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Rashes	Low blood pressure	Glandular Fever	Sleep problems
Itching	Varicose veins	Allergies	Sweats (day/night)
Eczema/psoriasis	Blood clots/DVT	Other (add your own)	Loss of smell/taste
Bruise easily	Stoke (CVA)		
Reproductive Medicine			
Do you have children? (please list ages)			
Are you trying to conceive?		Have you sought reproductive assistance? Yes <input type="radio"/> No <input type="radio"/>	
If yes, how long have you actively been trying?			
Allergies			
Do you have any known allergies?			
What reaction occurs to these allergies?			
Past Injuries			
Have you had any previous accidents, injuries, fractures and/or surgeries? If yes, please list the injured body parts/surgeries and dates:			
Current Medications/supplements/Herbal Remedies (Please list)			
Medication Name	Dosage	Duration	Related Condition
Conditions			
In accordance with the HPCA act (Health Practitioner Regulation National Law) non-medical practitioners cannot claim the ability to cure or offer any service in the nature of a cure for certain conditions:			
HIV/AIDS Multiple Sclerosis Hepatitis Poliomyelitis Cancer Epilepsy Tuberculosis Diabetes Leukemia SARS			



Informed consent:

As a part of our *duty of care* to you we must inform you of any risks associated with the professional treatment techniques that we provide. Informed consent is a person’s voluntary decision about healthcare that is made with knowledge and understanding of the benefits and risks involved.

I understand that:

- Methods of treatment may include, but are not limited to acupuncture, moxibustion, Chinese herbal medicine, cupping, and Tui Na (Chinese massage).
- **Acupuncture:** The insertion of sterile, single-use (disposable) needles into specific points on the body. Acupuncture is a safe method of treatment and may have some side effects, including but not limited to bruising, numbness or tingling, dizziness or fainting, minor swelling, and/or bleeding. A sensation of light-headedness may occur after acupuncture treatment. Very rare risks of acupuncture include lung puncture (pneumothorax), and infection.
- **Moxibustion (Moxa):** The burning of prepared herbs on or near the body to warm, strengthen and relieve symptoms. Moxa comes in several forms such as stick, string, ball, cone or rice grain. On rare occasions a burn may occur at the site of application.
- **Cupping:** This involves a localized suction produced by heating a small glass cup. There is a possibility of local bruising from the suction.
- **Tui-Na (Chinese massage):** Tui-Na is a Chinese massage technique that uses pressing, rubbing and kneading applied to the body along channels, collaterals, and points of the acupuncture system.
- **Electro-Acupuncture:** A mild electric micro-current (similar to a TENS treatment) is used to stimulate the acupuncture points. A mild tingling or tapping sensation will be felt.
- **Heat Treatment with a TDP Lamp:** This is used to warm an area of the body. Every precaution is taken to prevent over warming, but the rare possibility of mild burns exists.
- **Chinese Herbal Medicine:** The patent herbs that have been recommended are traditionally considered safe in the practice of Chinese medicine, although some may be toxic in large doses. The herbs may have an unpleasant smell or taste. Some herbs may be inappropriate during pregnancy. Possible side effects of taking herbs could be nausea, gas, stomach ache, vomiting, headache, diarrhea, rashes, or hives.
- **Dietary Advice:** Food and herbal advice may be given guided by traditional Chinese medicine principles.
- I understand that results are not guaranteed.
- At any given time throughout the treatment, I may ask questions regarding the treatment and request the practitioner to stop, modify, or change the treatment plan.
- Any information provided will be treated as confidential as per the Privacy Act (1988) and will not be released without my written consent. I can request a copy of my records at any time.

By voluntarily signing below (or for the patient named below, for whom I am legally responsible), I certify that I have read this form and have been informed of the risks and benefits of acupuncture and traditional Chinese medicine. I request and consent to the acupuncture and traditional Chinese medicine care described above. I intend this consent form to cover acupuncture care for this and future presentations.

Cancellation Policy:

We understand that at times last minute changes need to be made and you may not be able to make your appointment. If that happens, we would really appreciate if you could email, txt or call to let us know **24 hours** before. We appreciate you valuing our time by allowing sufficient notice so we can rebook another client. If we do not receive 24 hours notice, you may be charged a late cancellation fee of the cost of your appointment. *I Agree

Signature:

Date:

Name (Print)