tiburon wellness center
LOVE YOUR BODY
1640 tiburon boulevard - tiburon - ca - 94920

susanna czuchra, l.ac.
licensed acupuncture • herbs • therapeutic yoga

PATIENT INFORMATION

Date ______________________
Name ______________________
Address ______________________
City State Zip ______________________
Age__________ Birthdate ______________
Occupation ______________________
Company name ______________________
Primary physician ______________________
Physician phone number______________________
How did you hear about us?______________________
How long has it been since you have had a complete medical exam?
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CONTACT INFORMATION

Home phone ______________________
Work phone ______________________
Other/cell phone ______________________
Email ______________________

Another person we may contact if needed:
Name ______________________
Relationship ______________________
Home phone ______________________
Work phone ______________________
Cell phone ______________________

HEALTH HISTORY

What are your primary concerns for coming in for treatment?
1 - ______________________
2 - ______________________
3 - ______________________

List medications or food supplements you are taking.

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List serious illnesses, accidents or surgeries.

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Check symptoms you have or have had in the last year:

- ☐ Aversion to cold
- ☐ Depression
- ☐ Difficulty in focusing
- ☐ Dizziness
- ☐ Easily startled
- ☐ Excessive worry
- ☐ Excessive anger
- ☐ Excessive fear
- ☐ Fainting
- ☐ Fatigue/tiredness
- ☐ Frequent dreams/nightmares
- ☐ Headaches
- ☐ Loss of sleep/poor sleep
- ☐ Loss or gain of weight
- ☐ Nervousness/irritability
- ☐ Overwhelmed by life
- ☐ Thirst

Check conditions you have or have had in the past:

- ☐ AIDS
- ☐ Anemia
- ☐ Bleeding disorders
- ☐ Cancer
- ☐ Psychiatric Treatment
- ☐ Allergies
- ☐ Arthritis
- ☐ Breast Lump
- ☐ Diabetes
- ☐ Seizures

Check symptoms you have or have had in the last year:

MUSCLE/JOINT/BONES/NEUROLOGICAL

- ◻ Tremors or Cramps
- ◻ Seizures
- ◻ Swollen joints
- ◻ Difficulty walking

Pain, weakness, numbness in:

- ◻ Arms or Hips
- ◻ Back Legs
- ◻ Feet
- ◻ Neck
- ◻ Hands
- ◻ Shoulders
- ◻ Other__________________

EYES/EAR/NOSE/THROAT/RESPIRATORY

- ◻ Asthma/wheezing
- ◻ Blurred or failing vision
- ◻ Change in smell
- ◻ Change in taste
- ◻ Decreased hearing
- ◻ Difficulty swallowing
- ◻ Difficulty breathing
- ◻ Earache
- ◻ Enlarged glands
- ◻ Eye pain / inflammation
- ◻ Frequent colds
- ◻ Hay fever
- ◻ Hoarseness
- ◻ Gum trouble
- ◻ Nose bleeds
- ◻ Oral ulcers
- ◻ Loss of hearing
- ◻ Persistent cough
- ◻ Poor night vision
- ◻ Ringing in ears
- ◻ Sinus problems
- ◻ Spots in visual field
- ◻ Sore throat
- ◻ Visual changes

SKIN

- ◻ Boils
- ◻ Bruise easily
- ◻ Changes in mole / lump
- ◻ Dry skin
- ◻ Eczema
- ◻ Itching/rash
- ◻ Sensitive skin
- ◻ Sore won't heal
- ◻ Sweats

CARDIOVASCULAR

- ◻ Chest pain or tightness
- ◻ Hardening of arteries
- ◻ High or low blood pressure
- ◻ Poor circulation
- ◻ Palpitations
- ◻ Phlebitis
- ◻ Previous heart attack
- ◻ Rapid/irregular heart beat
- ◻ Swelling of ankles

GASTROINTESTINAL

- ◻ Acid Reflux
- ◻ Belching, gas or bloating
- ◻ Blood in stool or black stool
- ◻ Colon trouble
- ◻ Constipation
- ◻ Diarrhea
- ◻ Difficulty swallowing
- ◻ Distention of abdomen
- ◻ Excessive hunger
- ◻ Food Cravings
- ◻ Gall bladder trouble
- ◻ Hemorrhoids (piles)
- ◻ Indigestion
- ◻ Nausea
- ◻ Pain over stomach
- ◻ Poor appetite
- ◻ Recent change in weight
- ◻ Vomiting

HEALTH HISTORY…CONTINUED

FOR MEN ONLY

- ☐ Erection difficulties
- ☐ Penis discharge
- ☐ Prostate trouble
- ☐ Weak Urinary Strength
- ☐ Lumps in testicles

FOR WOMEN ONLY

- ☐ Abnormal PAP smear
- ☐ Bleeding between periods
- ☐ Breast Lumps
- ☐ Clots in menses
- ☐ Excessive menstrual flow
- ☐ Extreme menstrual pain
- ☐ Frequent urinary tract infections
- ☐ Frequent vaginal infections
- ☐ Irregular cycle
- ☐ Menopausal symptoms
- ☐ PMS
- ☐ Previous miscarriage
- ☐ Scanty menstrual flow
- ☐ History of PID or Endometriosis

Could you be pregnant? ____________________

Are you trying to get pregnant?______________

Are you trying to get pregnant?______________

Date of menarche___________________________

FAMILY HISTORY COMPLETE FOR EACH FAMILY MEMBER, PLACING AN X IN THE BOX INDICATING ANY ILLNESS EACH HAS HAD.

Condition	Self	Mother	Father	Sister	Brother	Spouse	Child(ren)
Allergies							
Blood disorders / anemia							
Cancer or Tumors							
Diabetes							
Seizures							
High blood pressure							
Kidney or bladder disorders							
Stomach or intestinal disorders							
Drug abuse							
Tuberculosis							
Heart Disease							
Stroke							
Other							
AGE OF DEATH							

SIGNATURE

The information on this form is correct to the best of my knowledge.

Signature____ Date ______________________

susanna czuchra, l.ac.
licensed acupuncturist • herbs • therapeutic yoga

Informed Consent To Treatment

I consent to acupuncture treatments and other procedures associated with Traditional Chinese Medicine by Susanna Czuchra, L.Ac. I understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, massage, Chinese herbal remedies, and nutritional counseling.

Acupuncture

I have been informed that acupuncture is a safe method of treatment, but that it may have side effects including bruising, dizziness or fainting, and numbness or tingling near the needling sites that may last a few days. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage, and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although this clinic uses sterile disposable single use needles, and maintains a clean and safe environment.

Moxibustion

Moxibustion involves burning an herb on or near an acupuncture point in order to improve physiological function or treat pain. Burns and/or scarring are a potential risk of moxibustion.

Cupping

Cupping involves using cups to suction the skin, in order to improve physiological function, reduce blood stagnation and relieve pain. Bruising is a common side effect of cupping.

Massage

Massage may occasionally cause bruising or soreness. Some oils or liniments may cause allergic reactions in people with sensitive skin.

Herbal remedies and Nutritional supplements

The herbs and nutritional supplements (which are from plant, animal, and mineral sources) that may be recommended are traditionally considered safe in the practice of Chinese Medicine. I understand that the herbs need to be prepared and consumed according to the instructions provided orally and in writing. Some possible side effects of taking herbs are nausea, gas, stomachache, headache, change in bowel movement or dizziness. Should I experience any unanticipated effect I will immediately notify Susanna Czuchra, L.Ac. Also, I will keep her informed of my current medications.

I understand that some herbs and acupuncture treatments are contraindicated during pregnancy. I will notify Susanna Czuchra, L.Ac., if I am or intend to become pregnant.

I understand that while this document describes the major risks of treatment, other side effects and risks may occur. I also understand that results are not guaranteed. I do not expect Susanna Czuchra, L.Ac., to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the above named practitioner to exercise judgment during the course of treatment which she thinks at the time, based upon facts then known, is in my best interests. I understand that I may refuse or stop any treatment.

By voluntarily signing below, I show that I have read, or have had read to me, this consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

X____ X________________________________

Signature of Patient (or Representative) Date | Signature of Acupuncturist Date

____ SUSANNA CZUCHRA, L.Ac.

Print Name of Patient (or Representative) | Print Name of Acupuncturist