

ROOT & BRANCH ACUPUNCTURE

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Root & Branch Acupuncture
24, The Orchard, Athlumney
Navan, County Meath
Tel: 087 2888096

Patient Details, General Health and Background

Name.....
Date of Birth
Address.....
Email.....
Nature of Employment:.....
Mobile:..... Home Phone number:.....
Emergency contact name and number (e.g. family member):.....
G.P's Name and Number:.....

Condition for which you are seeking treatment

1. What is your main complaint?

General Health & Background

2. Have you eaten within the last 4 hours?¹ Y/N
3. Are you dehydrated or unusually tired?² Y/N
4. Are you prone to fainting? Y/N
5. Previous major illnesses/surgeries/traumas: Y/N
.....
.....
6. Does anyone in your family suffer from any significant illness? Y/N
.....
7. Do you have a heart condition? If so, are you taking medication, or fitted with a pacemaker?³ Y/N
8. Do you have Low/High Blood Pressure⁴? Y/N
9. Is your BP controlled by medication? Y/N
10. Are you diabetic?⁵ Y/N

¹ Risk of fainting
² Risk of fainting
³ Treat with caution if patient is using blood thinning agents e.g. Warfarin. Do not use electro-acupuncture.
⁴ Uncontrolled High Blood Pressure can be elevated by use of Du20, Du26 and Jing Well points.
⁵ Risk of hypoglycaemic or hyperglycaemic emergency.

11. Do you suffer from Epilepsy, or have you ever had any kind of fit? ⁶ Y/N
12. Are you, or could you be, pregnant? Y/N
13. If pregnant, how many weeks are you?
14. Do have any blood disorders or bleeding conditions? Y/N
15. Do you have any other serious conditions or disorders not covered above? Y/N

Medication:

16. Are you taking any medications prescribed by your doctor or consultant for your Main Complaint, or any other condition noted above?⁸ Please list them and their dose.

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17. Is reducing medication for your Main Complaint: not important/a bit important/very important/not applicable

18. Is avoiding medication for your Main Complaint: not important/a bit important/very important /not applicable

NB: although your Acupuncturist can discuss any prescribed medication, she/he cannot advise you to discontinue it and you are always advised to consult your doctor should you wish to reduce or eliminate your medication.

19. Are you taking any supplements/herbs?..... Y/N

20. Have you any questions of your own about your Acupuncture treatment? Ask now.

Patient Advice

Please be aware of some occasional, minor and short-lived 'reactions' to treatment:

- Dizziness/fainting if very tired or hungry, or nervous of needles
- Fatigue for up to 24 hours after treatment
- Some conditions are initially worse after treatment before they get better
- Bruise, soreness, bleeding upon removal of needles

Patient Consent

I confirm that I have provided all the requested information about my Main Complaint, General Health and Background, and received advice about what to expect from my treatment.

I *do/do not* consent to being contacted after 3, 6 or 12 months to gain feedback on treatment success.

Signed:.....Date:.....

⁶ Risk of epileptic fit.

⁷ Avoid: GB21, LI4, REN 2-8, UB31, UB 32, BL60, BL67, SP6 (*D. Betts: Essential Guide to Pregnancy & Childbirth*)

⁸ Be alert to side effects and changes to tongue and pulse.