

**INTO GREAT
HEALTH**
WITH CHARLIE SAVOCA, L.Ac.
Licensed Acupuncturist, #AC 3136

3121 Park Avenue, Suite H Soquel, CA 95073

(831) 479-3760

Patient Intake Form

PLEASE PRINT

Name _____ Birth Date _____

Street Address _____

City _____ State _____ Zip _____ Sex M _____ F _____

Telephone (H): _____ (W): _____ (C): _____

Email: _____

Please tell us how you heard about Charlie Savoca, L.Ac.: _____

Do you have medical insurance? Yes No

If yes, please provide us with your insurance card so that we may make a copy for our records and check your acupuncture benefits

REASON FOR VISIT: Please briefly describe your major health concerns: _____

Are you being treated elsewhere? Yes No

Provider: _____ Telephone: _____

For what complaint? _____

Personal Physician's name: _____ City/State: _____

Are you currently using prescription or over-the-counter medicines? Yes No

If so, which ones? _____

Do you take Aspirin? Yes No If yes, how frequently? _____

LIFESTYLE: Circle any one of the following that are a part of your lifestyle.

Alcohol Drinking
Birth Control Pills
Coffee Drinking

Exercise
Recreational Drugs
Relaxation/Meditation

Special Diet
Tobacco Smoking
Vitamins/Supplements

FOR YOUR INFORMATION:

- We only use sterile disposable needles
- If you feel a little lightheaded after your acupuncture treatment, please sit in the reception room as long as you need. You should feel relaxed and clear headed in just a few minutes
- If you notice a small hematoma (a small bruise under the skin) after an acupuncture needle is removed, do not be concerned. It will go away in a few days

MEDICAL HISTORY: Circle all that are, or have been, a part of your health history.

Abortion	Dentures	Insomnia
Allergies	Depression	Joint Swelling
Anemia	Diabetes	Menstrual Irregularity
Anxiety	Digestive Disorder	Musculoskeletal Problems
Arthritis	Dizziness/Fainting	Neck/Back Problems
Asthma	Emotional/Mental Problems	Pain: Sharp/Dull
Athlete's Foot	Emphysema	Pregnancy
Bleeding Tendency	Epilepsy	Rectal Bleeding
Blood Clots	Headaches	Skin Problems
Blood Pressure: High/Low	Heart Disease	Stroke
Bronchitis	Hemorrhoids	Surgery
Bruise Easily	Hepatitis A B C	Vaginal Bleeding
Cancer	Herpes	Vaginal Infection
Carpal Tunnel Syndrome	HIV Positive	Varicose Veins
Coughing/Vomiting Blood	Hoarseness	

My signature authorizes Charlie Savoca, L.Ac. to treat me (or the patient for whom I am a legal guardian) with acupuncture, nutritional and dietary supplements, herbs, laser treatment, cupping, Arthro-stim, or gua sha. Any procedure with which I am unfamiliar will be explained to me and I will have the option to decline. I do not expect the acupuncturist to be able to anticipate and explain all the risks and complications. I wish to rely on the acupuncturist to exercise judgment during the course of treatment, based upon the facts known, which is in my best interest. I intend this consent form to cover the entire course of treatment for my present condition and any future condition(s) for which I may seek treatment. I authorize Charlie Savoca L.Ac. to release any medical or other information necessary for insurance claim processing.

Signature (patient or guardian)

Date

I, the undersigned, certify that I (or my dependent) have insurance coverage with _____ (name of insurance company) and assign directly to Charlie Savoca, L.Ac. all insurance benefits, if any, otherwise payable to me for services rendered.

I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the acupuncturist to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Responsible Party Signature

Relationship

Date