

ACUPUNCTURE VERMONT



ORIENTAL MEDICAL CLINIC

Restoring health and balance, naturally.

Patient Intake Forms

Full Name _____

Today's Date _____

Address _____

Evening Phone _____

Daytime Phone _____

E-mail _____

How did you hear about our clinic? Check all that apply: Yellow Pgs. ___ Dr. Referral ___
Internet ___ Other - please specify: _____

Date of Birth _____ Age _____ Occupation _____

Married ___ Single ___ Divorced ___ Co-habiting ___ Widow(er) ___

Primary Care Physician _____

Other Health Care Providers _____

Do you take any: Medication (prescription or over-the-counter). Please list.

Vitamins, supplements? _____

Caffeine? _____ Alcohol? _____ Tobacco? _____ Recreational Drugs? _____

Rate your energy level over all: Low 1 2 3 4 5 6 7 8 9 10 High

Rate your overall body temperature: Cold 1 2 3 4 5 6 7 8 9 10 Hot

put a check mark by the symptoms that pertain to you

- | | |
|--|---|
| <input type="checkbox"/> cold hands | <input type="checkbox"/> burning sensation after eating |
| <input type="checkbox"/> cold feet | <input type="checkbox"/> large appetite |
| <input type="checkbox"/> fatigue | <input type="checkbox"/> bad breath |
| <input type="checkbox"/> feverish in the afternoon or flushes | <input type="checkbox"/> mouth (canker) sores |
| <input type="checkbox"/> Heat sensation in hands, feet, chest | <input type="checkbox"/> bleeding, swollen or painful gums |
| <input type="checkbox"/> night sweats | <input type="checkbox"/> heartburn |
| <input type="checkbox"/> catch colds easily | <input type="checkbox"/> belching |
| <input type="checkbox"/> shortness of breath | <input type="checkbox"/> vomiting |
| <input type="checkbox"/> sweat easily | |
| <input type="checkbox"/> general weakness | |
| <input type="checkbox"/> feel worse after exercise | |
| <input type="checkbox"/> dizziness | |
| <input type="checkbox"/> see floating black spots | |
|
 | |
| <input type="checkbox"/> palpitations | |
| <input type="checkbox"/> restlessness | |
| <input type="checkbox"/> anxiety | |
| <input type="checkbox"/> chest pain | |
| <input type="checkbox"/> insomnia | |
| <input type="checkbox"/> mental confusion | <input type="checkbox"/> diarrhea alternating with constipation |
|
 | <input type="checkbox"/> feel better after exercise |
| <input type="checkbox"/> cough | <input type="checkbox"/> pain in ribs or side |
| <input type="checkbox"/> nasal discharge | <input type="checkbox"/> tight feeling in chest |
| <input type="checkbox"/> nose bleeds | <input type="checkbox"/> bitter taste in mouth |
| <input type="checkbox"/> sinus congestion | <input type="checkbox"/> blood shot eyes |
| <input type="checkbox"/> dry mouth, throat, nose, or skin | <input type="checkbox"/> anger easily |
| <input type="checkbox"/> allergies | <input type="checkbox"/> skin rashes |
| <input type="checkbox"/> chills alternating with fever | <input type="checkbox"/> headache at top of head |
| <input type="checkbox"/> sneezing | <input type="checkbox"/> hot flashes |
| <input type="checkbox"/> headache | <input type="checkbox"/> dry eyes |
| <input type="checkbox"/> feel achy | <input type="checkbox"/> numbness of hands and feet |
| <input type="checkbox"/> stiff neck/shoulders | <input type="checkbox"/> muscle spasms, twitching, cramping |
| <input type="checkbox"/> sore throat | <input type="checkbox"/> seizures |
| <input type="checkbox"/> difficult breathing | |
|
 | |
| <input type="checkbox"/> low appetite | <input type="checkbox"/> sore, cold or weak knees |
| <input type="checkbox"/> loose stools | <input type="checkbox"/> low back pain |
| <input type="checkbox"/> constipation | <input type="checkbox"/> frequent urination |
| <input type="checkbox"/> abdominal bloating or gas after eating | <input type="checkbox"/> do you get up at night to urinate? |
| <input type="checkbox"/> fatigue after eating | <input type="checkbox"/> lack of bladder control |
| <input type="checkbox"/> prolapsed organs (previously diagnosed) | <input type="checkbox"/> memory problems |
| <input type="checkbox"/> bruise easily | <input type="checkbox"/> hair loss |
| <input type="checkbox"/> general feeling of heaviness in body | <input type="checkbox"/> ringing in ears |
| <input type="checkbox"/> mental heaviness, sluggishness or fogginess | Urine is: |
| <input type="checkbox"/> swollen hands | <input type="checkbox"/> clear <input type="checkbox"/> light yellow <input type="checkbox"/> dark yellow |
| <input type="checkbox"/> swollen feet | <input type="checkbox"/> reddish yellow <input type="checkbox"/> cloudy <input type="checkbox"/> scanty |
| <input type="checkbox"/> chest congestion | <input type="checkbox"/> has odor <input type="checkbox"/> burning <input type="checkbox"/> painful |
| <input type="checkbox"/> nausea | <input type="checkbox"/> difficult <input type="checkbox"/> urgent |
| <input type="checkbox"/> diarrhea | |

Libido (sexual drive) is: Low 1 2 3 4 5 6 7 8 9 10 High

Women only

Please answer each question or check the appropriate response.

- 1. Are you currently pregnant?
 yes no
- 2. The date of your last menstrual period?
- 3. Number of children _____
- 4. Number of pregnancies _____
- 5. Age of first period _____
- 6. Age of Menopause
 (if applicable) _____
- 7. Is your menstrual cycle regular? _____
 - a. Number of days from the start of one period to the start of the next _____
 - b. Average number of days of flow _____
 - c. the flow is: light 1 2 3 4 5 6 7 8 9 10 heavy
 - d. The color is: red dark red pale red
 bright red brown
 - e. are there blood clots ? yes no
 - f. Do you have pain/cramps? yes no
 before period during period after period
 - g. Do you have nausea or vomiting before or during period? yes no before during
 - h. Do you experience any of the following before your period each month?
 water retention breast tenderness or swelling
 depression irritability food cravings
 migraines
 - i. Do you have bleeding between periods?
 - j. Do you have any vaginal discharge between periods?

Men only

Please put a check mark by the symptoms that pertain to you.

- coldness or numbness in the external genitalia
- pain or swelling of the testicles
- premature ejaculation
- erectile dysfunction
- number of children

Office use only:

Treatment Goals:

Tongue:

Pulse:

Diagnosis:

Treatment:

Herbs:

ACUPUNCTURE VERMONT

AUTHORIZATION TO RELEASE MEDICAL RECORDS

Date: _____

Patient: _____

I, _____ by my signature below,
(Print Patient Name)

give Acupuncture Vermont Oriental Medical Clinic, LLC permission to consult with any or all of the agencies or person's listed below. I further agree to allow any conversation or documentation, in reference to my treatment, to be exchanged between the two agencies.

Primary Care Physician: _____

Office Phone: _____

Office Address: _____

Specialist: _____

Office Phone: _____

Office Address: _____

Other Health Care Provider: _____

Office Phone: _____

Office Address: _____

(Patient or Guardian Signature)

(Date)

Disclosure Statement

In accordance with the State of Vermont Office of Professional Regulation rules, each new patient must read and sign the following disclosure:

A) The licensed acupuncturists' professional qualifications and experience:

Robert Davis, MS, L.Ac.

Professional Credentials:

- * Licensed Acupuncturist in the state of Vermont.
- * Hospital privileges – Fletcher Allen Health Care
- * Nationally Board Certified in Acupuncture (National Certification Commission for Acupuncture & Oriental Medicine).
- * Nationally Board Certified in Chinese Herbal Medicine (National Certification Commission for Acupuncture & Oriental Medicine).
- * Master of Science degree in Acupuncture and Oriental Medicine from Southwest Acupuncture College.
- * National Clean Needle Technique certification (Council of Colleges of Acupuncture & Oriental Medicine).
- * Thaddeus Bukowski Memorial Scholarship in recognition for showing promise as an outstanding practitioner.

Miscellaneous professional experiences:

- * Co-founder and CEO – Stromatec, Inc., a medical device company that develops tools for clinicians to address problems related to connective tissue, such as chronic pain, restricted mobility, and scarring.
- * Principle Investigator on 5 National Institutes of Health SBIR grants totaling nearly \$2M.
- * Past President – Vermont Association of Acupuncture & Oriental Medicine (2001-2006)
- * Board of Directors Society for Acupuncture Research.
- * Member of the American Association of Acupuncture and Oriental Medicine.

Personal:

* Robert enjoys traveling and spending time outdoors with his wife, Teresa, and his two sons, Jonathan and Grant. His travels have included most of the US, Europe, the Middle East, Australia, and the Caribbean. He also loves reading great books, watching good movies, hiking and Ultimate Frisbee. He grew up in Pennsylvania, and has lived in California, Minnesota, and New Mexico before settling in Vermont.

B) A copy of the statutory definition of unprofessional conduct.

3410. UNPROFESSIONAL CONDUCT

- (a) A licensed acupuncturist, or applicant shall not engage in unprofessional conduct.
- (b) Unprofessional conduct means any of the conduct listed in this section and section 129a of Title 3, whether committed by a licensed acupuncturist or an applicant:
 - (1) Using dishonest or misleading advertising.
 - (2) Addiction to narcotics, habitual drunkenness or rendering professional services to a patient if the acupuncturist is intoxicated or under the influence of drugs.
 - (3) Sexual harassment of a patient.

(4) Engaging in sexual intercourse or other sexual conduct with a patient with whom the licensed acupuncturist has had a professional relationship within the previous two years.

(c) After a hearing and upon a finding of unprofessional conduct, an administrative law officer appointed under 3 V.S.A. 129(j) may take disciplinary action against a licensed acupuncturist or applicant.

129a. UNPROFESSIONAL CONDUCT

(a) In addition to any other provision of law, the following conduct by a licensee constitutes unprofessional conduct. When that conduct is by an applicant or person who later becomes an applicant, it may constitute grounds for denial of a license or other disciplinary action.

(1) Fraudulent or deceptive procurement or use of a license.

(2) Advertising that is intended or has a tendency to deceive .

(3) Failing to comply with provisions of federal or state statutes or rules governing the practice of the profession.

(4) Failing to comply with an order of the board or violating any term or condition of a license restricted by the board.

(5) Practicing the profession when medically or psychologically unfit to do so.

(6) Delegating professional responsibilities to a person whom the licensed professional knows, or has reason to know, is not qualified by training, experience, education or licensing credentials to perform them.

(7) Willfully making or filing false reports or records in the practice of the profession; willfully impeding or obstructing the proper making or filing of reports or records or willfully failing to file the proper reports or records.

(8) Failing to make available promptly to a person using professional health care services, that person's representative, succeeding health care professionals or institutions, upon written request and direction of the person using professional health care services, copies of that person's records in the possession or under the control of the licensed practitioner.

(9) Conviction of a crime related to the practice of the profession or conviction of a felony, whether or not related to the practice of the profession.

(10) In the course of practice, gross failure to use and exercise on a particular occasion or the failure to use and exercise on repeated occasions that degree of care, skill and proficiency which is commonly exercised by the ordinary skillful, careful and prudent professional engaged in similar practice under the same or similar conditions, whether or not actual injury to a client, patient or customer has occurred.

(11) Exercising undue influence on or taking improper advantage of a person using professional services, or promoting the sale of services or goods in a manner which exploits a person for the financial gain of the practitioner or a third party.

(b) Failure to practice competently by reason of any cause on a single occasion or on multiple occasions may constitute unprofessional conduct. Failure to practice competently includes:

(1) performance of unsafe or unacceptable patient or client care: or

(2) failure to conform to the essential standards of acceptable and prevailing practice.

- (c) The burden of proof in a disciplinary action shall be on the state to show by preponderance of the evidence that the person has engaged in unprofessional conduct.
- (d) After hearing, and upon a finding of unprofessional conduct, a board or an administrative law office may take disciplinary action against a licensee or applicant, including imposing an administrative penalty not to exceed \$1,000.00 for each unprofessional conduct violation. Any money received from the imposition of an administrative penalty imposed under this section shall be deposited in the general fund.
- (e) In a case where a standard of unprofessional conduct as set forth in this section conflicts with a standard set forth in a specific board's statute or rule, the standard that is most protective of the public shall govern. (added 1997, No. 40, 5.)

C. Information on the process for filing a complaint with, or making a consumer inquiry to, the Director.

Each profession or occupation is governed by laws defining professional conduct. Consumers who have inquiries or wish to obtain a form to register a complaint may do so by calling: (802) 828-2372, or by writing to the Director of the Office, Secretary of State, 109 State Street, Montpelier, Vermont 05609-1106.

Upon receipt of a complaint, an administrative review determines if the issues raised are covered by the applicable professional conduct statute. If so, a committee is assigned to investigate, collect information, and recommend action or closure to the appropriate governing body.

All complaint investigations are confidential. Should the investigation conclude with a decision for disciplinary action against a professional's license and ability to practice, the name of the license holder will then be made public.

Complaint investigations focus on licensure and fitness of the licensee to practice. Disciplinary action, when warranted, ranges from warning to revocation of license, based on the circumstances. As a result of the process, you should not expect a return of fees paid or additional unpaid services as part of the results of this process. If you seek restitution of this nature, consider consulting with the Consumer Protection Division of the Office of the Attorney General, seeing an attorney, or filing a case in Small Claims Court.

By signing below, I acknowledge reading the above disclosure in accordance with the rules outlined by the State of Vermont Office of Professional Regulation.

(Patient Signature)	(date)
(Printed Name)	
(Acupuncturist Signature)	(date)

**ACUPUNTURE VERMONT
ORIENTAL MEDICAL CLINIC, PLC (“AVOMC”)**

Acknowledgment of Receipt of Privacy Notice

Federal law requires that all patients be given a copy of the AVOMC Notice of Privacy Practices. The Notice of Privacy Practices describes in detail how patient health information is used and shared with others.

AVOMC has reserved the right to change the Notice of Privacy Practices at any time. You may obtain a current copy of the Privacy Practices Notice by contacting AVOMC.

All reasonable efforts will be made to protect the privacy of patient health information, whether it is maintained on paper or electronically, and regardless of how it is communicated, for example, by e-mail or facsimile mail.

I have been given a copy of the Acupuncture Vermont Oriental Medical Clinic Notice of Privacy Practices.

Name (print): _____ **Date:** _____

Signature: _____ **Date of Birth:** _____

When patient is a minor, or is unable to give consent, the signature of a parent, guardian, or other representative is required.

Signature of Representative: _____ Date: _____

Print Name: _____ Relationship to patient: _____

Office Use Only

Patient given Privacy Notice, however:

Patient **states they have signed** Acknowledgement form **previously**

Patient **refused or did not** sign Acknowledgment form

Patient **unable** to sign Acknowledgment form