

Dr. Katie Gaffney, OMD, LAc  
Acupuncture and Herbal Medicine  
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Patient Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Primary phone \_\_\_\_\_ Text ok? Yes No

Email Address \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Name	Phone #	Relationship
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Primary Care Provider name \_\_\_\_\_

Pre-Intake

Reason for visit today: \_\_\_\_\_

Primary health concerns: \_\_\_\_\_

Where do you have pain? \_\_\_\_\_

What surgeries have you had? \_\_\_\_\_

\_\_\_\_\_

Do you have any PERSONAL history of cancer? What type? \_\_\_\_\_

\_\_\_\_\_

Do you have any personal history of stroke? \_\_\_\_\_

Any history of infectious disease? \_\_\_\_\_

Are you on a blood thinning medication or have any blood clotting disorder? YES NO

Are you pregnant? If so, how many weeks? \_\_\_\_\_

Do you smoke cigarettes or marijuana? How often? \_\_\_\_\_

Do you drink alcohol? How often? \_\_\_\_\_

Are you vegan or vegetarian? YES NO

Any allergies (food, environmental, drugs)? \_\_\_\_\_

\_\_\_\_\_

Any implants or medical devices in the body? \_\_\_\_\_

Any special requests or accommodations required during treatment? \_\_\_\_\_

\_\_\_\_\_



**Please check all current health conditions you experience:**

- Dizziness
- Fainting
- Headaches
- Migraines
- tinnitus/ear ringing
- Hearing loss
- Blurry vision
- spots/floaters
- Allergy symptoms
- Sinus infection
- Skin issues - hives, rash, eczema
- Autoimmune disorder
- Unusual sweating
- Dry skin
- Numbness or tingling in limbs
- Tremors
- Seizures
- STD
- Chronic cough
- Asthma
- Frequent colds
- Palpitations
- Chest pain
- Heart disease
- Hypertension
- Irregular heart beat
- Arthritis
- Difficulty walking
- Fibromyalgia
- Scoliosis
- Joint disorder
- Impotence
- Prostate issue
- Infertility
- Vaginal infection
- Irregular periods
- Abnormal vaginal bleeding
- Breast lump, swelling, or pain
- UTI
- Kidney disease
- Frequent urination
- Chronic fatigue
- Insomnia
- Depression
- Anxiety
- Diabetes
- Thyroid disorder
- Anemia
- Osteoporosis
- Painful menses
- PCOS
- Neuropathy
- Psoriasis
- Memory problems
- Substance addiction
- Vertigo
- Traumatic brain injury
- Hot flashes

## Digestive health questionnaire

Poor sense of smell or taste? Yes No

Any trouble chewing? Yes No

Any trouble swallowing? Yes No

Lack of saliva? Yes No

Do you feel you eat a healthy diet (ie. minimal sugar, fast food, & processed foods, balanced carb/protein/fat, plenty of fresh fruits and vegetables)?

Circle one: Yes - completely Mostly Somewhat No- poor diet

Symptoms - circle:

Bloating constipation diarrhea acid reflux abdominal pain

intestinal cramping vomiting poor appetite nausea

Excessive burping and/or flatulence gaining weight losing weight

bad breath bleeding gums

How many bowel movements do you have per week? \_\_\_\_\_

Intolerance or difficulty digesting any other following food groups? circle

Fats carbs proteins

Are there any foods that you intentionally avoid/restrict? \_\_\_\_\_

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For any symptoms circled above, how long have you been experiencing these symptoms? \_\_\_\_\_

Have these symptoms improved with healthy eating?

Yes somewhat No Haven't tried

Have these symptoms been unresponsive to previous treatments, protocols, supplements, etc?

Yes somewhat No Haven't tried

Any diagnosed digestive disorders? \_\_\_\_\_

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Patient Name: \_\_\_\_\_

**INFORMED CONSENT TO TREATMENT AND CARE**

Treatments may include acupuncture, moxibustion, fire cupping, electrical stimulation on the needles, gua sha (scraping), herbal medicine, lab work and nutritional counseling. The treatments selected are at the discretion of the acupuncturist. Any modality chosen will be explained in full to the patient before it is performed and the patient has the right to deny any treatment. Acupuncture and the other treatment modalities are all generally safe methods of treatment, but there are some risks and possible side effects. Please review table below.

<b>Treatment modality</b>	<b>Risks</b>
Acupuncture	<p><b>Mild and more common:</b></p> <ul style="list-style-type: none"> <li>- Minor bleeding, bruising at needle site</li> <li>- Temporary soreness, numbness, or tingling at needle site</li> </ul> <p><b>Moderate and occasional:</b></p> <ul style="list-style-type: none"> <li>- dizziness, fainting</li> <li>- Nerve damage</li> </ul> <p><b>Severe and very rare:</b></p> <ul style="list-style-type: none"> <li>- Infection</li> <li>- Organ puncture, particularly lung puncture (pneumothorax)</li> <li>- Uterine contractions/spontaneous miscarriage</li> <li>- Needle break/imbedment requiring surgical removal</li> </ul>
Fire cupping	bruising, bleeding, blisters, burning, scarring
Moxibustion	burning, scarring
Herbal medicine	<p>Toxic in excessive doses</p> <p>Possible side effects: nausea, gas, stomach ache, vomiting, headache, diarrhea, bleeding, rashes, hives, tingling of tongue</p>

To help reduce risk of some of the side effects, lie still during treatment and inform the acupuncturist immediately about any pain caused by the needles. Come to treatment well nourished and hydrated. Treatment while under the influence of alcohol or recreational drugs is not permitted or safe.

With herbal medication, it is the responsibility of the patient to follow dosing guidelines provided by the acupuncturist. Consult the acupuncturist as soon as possible if any negative side

effects are experienced. There are no refunds on herbal formulas even if the desired result is not obtained or the patient experiences side effects.

The patient accepts full responsibility to follow up with all medical advice given. By signing below, the patient consents to the treatment procedures with acknowledgement of the risks.

#### PREGNANCY

Some Oriental Medicine techniques, acupuncture points, and herbs are contraindicated with pregnancy. The acupuncturist must be made aware of any possible pregnancy. It is the responsibility of the patient to disclose this information.

#### TREATMENT OF MINORS

During the treatment of patients under the age of 18, the patient's legal guardian is required to be present in the treatment room for the entire treatment on every visit.

#### PRIVACY POLICY

The acupuncturist may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). The acupuncturist may use the patient's phone number or email address to contact the patient regarding appointment reminders, insurance items and any information pertaining to the patient's clinical care. The patient has the right to request that the acupuncturist restricts how it uses or discloses any PHI to carry out TPO. The acupuncturist will, only through a patient completing a specific and separate Authorization for Release of Information form, or in compliance with a legal subpoena, furnish from the patient's record necessary information to the referring physician, if any, and to others to the extent required in connection with a claim for aid, insurance, or medical assistance to which the patient may be entitled.

#### PAYMENT & CANCELLATION POLICY

Full payment is expected at time of service. The first appointment is \$95, return appointments are \$75. Herbal formulas are an additional fee and vary in cost. Insurance is not accepted. Failure to provide 24 hours notice for a cancel will result in the patient's account being charged a \$25 fee. Failure to show up for an appointment without any notice will result in a \$50 fee. Arriving more than 15 minutes late for an appointment may result in not being seen and a \$25 fee.

By signing below, I acknowledge that I have read all of the above, I understand the risks, and I consent to treatment and the related terms.

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Patient (or guardian) signature

Date