

# Acupuncture Bridge Intake Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Todays Date: \_\_\_/\_\_\_/\_\_\_

Has there been any major changes to your health since you first came into the clinic? (surgeries, illnesses, new medications, etc.): \_\_\_\_\_

Did you receive a Covid19 injection? If so, how many and from which company? \_\_\_\_\_

Please indicate if any of the following pertain to you:

Hepatitis \_\_\_ HIV \_\_\_ High Blood Pressure \_\_\_ Seizures \_\_\_ Pacemaker \_\_\_ Infection \_\_\_

Blood-thinners \_\_\_ Pregnancy \_\_\_ Surgical/Bone implants \_\_\_ Current Cancer Treatment \_\_\_

*(indicating "yes" does not make you ineligible for treatment; however, it may change your treatment protocol)*

How much water do you drink per day and its source? \_\_\_\_\_

Chronic/Extreme Fatigue or Weakness	Rapid Weight Loss or Gain
Unusual Shortness of Breath	Persistent Cough or Hoarseness
Unexpected Voice Changes	Unusual Long-Lasting Headaches
Chest Cramping/Weakness	Difficulty Swallowing for Weeks
Unusual Muscle Weakness/Cramps	Swollen Leg
Bleeding Seen in the Toilet	Changes in bladder Control
Discoloration of Skin or Moles	Belly Pain that moves to the Back
Sores That Never Heal	Lump or Swelling
Sudden Vision Changes/Weakness	Yellow Eyes and Jaundice
Sudden + Painful Indigestion/Nausea	Bloating/Indigestion for Weeks
Heavy Night Sweats	Hernias, Anywhere

Please list any other health concerns or conditions not previously covered in this form: \_\_\_\_\_

## Informed Consent Agreement for Acupuncture

Rocco Manzano, L.A.c is licensed by the Oregon State Board of Medical Examiners and uses only stainless-steel, sterilized, disposable needles to ensure safety. Certain adverse effects may result from treatment; which can include, but are not limited to: slight bleeding and bruising or soreness at the insertion site. I understand that acupuncture and other natural health approaches provided by Rocco Manzano, L.A.c uses methods to reduce stress and increase the body's self-healing abilities. Rocco Manzano, L.A.c cannot say that he can diagnose, treat, prevent, or cure any diseases; and cannot make any guarantees as how your body will respond to his healing methods.

I understand that if I am under the care of a Physician for any ailment(s) or condition(s), that I will continue my care exactly as prescribed until advised differently by my Physician. This permission form applies to all subsequent visits and consultations.

Patient (Legal Guardian) Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_