

Facial Rejuvenation-Initial Intake Form Confidential PLEASE PRINT

Thank you for considering cosmetic acupuncture facial rejuvenation. Please complete the following as thoughtfully as possible.

Today's Date ____/____/____ Level Of Commitment: **Temp Relief** 1 2 3 4 5 6 7 8 9 10 **Wellness** Sex: M F
Name _____ How do you wish to be called? _____
Birth Date: _____ Age _____ Ht _____ Wt _____ **I have had:** Acupuncture Homeopathy Chinese Herbs
Address _____ City _____ State _____ Zip _____
Email: _____ Website _____
Tel # Day _____ **Ext.** _____ **Eve** _____ **ext** _____ **Cl Ph** _____
SS# _____ May I leave a message on a recorder; or with someone else? Yes No Initial _____
Emergency Contact Name & Tel # _____ Place of Birth _____ Occupation _____
Employer Name Address Phone# _____
Referred by _____ YPages, Newspaper, Radio, TV, Inet, Mag Other _____
Date of Last Physical _____ Diagnosis? _____
Dr's or Therapists Name(s) & # _____
Treatments you have/are receiving for this and/or other conditions? _____

Allergies To: Cosmetics Topical creams Airborne Particles Food Soy Egg Drugs Other Explain _____

Meds within last 3 months Accutane Birth Control Pills Hormones Vitamin A derivative products list all meds/vitamins _____

Current Beauty Routine Please give brand name

Cleanser _____ Toner _____ Moisturizer _____ Masks _____ Other _____
Daily routine? _____

Main concerns check all that apply

Face: Have you had a facelift surgery Yes No Full Partial ? If so When _____ Where _____

Satisfied Yes No Why _____ Facials? Type _____ How often _____

Microdermabrasion Chemical Peels Photolight rejuvenation Retin-A Renova Botox Collagen injections Fillers

Skin: Wrinkles Blemishes Acne Dryness Oily Herpes Rashes Sagging Dullness Eczema Psoriasis

Cellulite: Legs Buttocks Arms Discolorations Age Spots Sallow (yellow) complexion Rosacea (Redness)

Complexion: Creamy-Burns never tans Light-Burns tans slightly Light/Med-Burns moderately tans gradually

Med-Seldom burns tans well Brown-Rarely burns, deep tan Black-Never burns, deeply pigmented.

Eyes: Dark eye circles Puffy and swollen eye bags Puffy upper lids Wrinkles and Dry skin around eyes Styes

Hair: Thinness Alopecia (baldness) Hair follicle treatments Yes No If so When _____ Excess Facial Hair

Electrolysis treatments Yes No If so When _____ Where _____

Neck: Crepey Sagging jowls wrinkles turkey wattle **Lips** Fine lines Cracking Herpes Cold Sores

Please check any of the problems you CURRENTLY have

High blood pressure Migraines Diabetes Herpes Pregnant Now Pace-maker Problems with bleeding/bruising

HIV positive or have AIDS Cancer Hepatitis Seizures Hot Flashes Thyroid Problems Claustrophobic

Areas of Numbness where _____ why _____

Mood Swings Concussion Loss of Balance Depression Poor Memory Stress _____

Anxiety Irritability Disorientation Easily Angered Bowel Problem Lack of Coordination

Have you ever received psychiatric treatments? _____ Have you ever considered or attempted suicide? _____

Any nervous habits? _____

Smoke Past Now # day _____ Alcohol Past Now # day _____ Recreational Drugs Past Now # day _____

Sugar Consumption _____ Artificial Sugars _____ Sun Exposure Repeated Weight Loss/Gain

Personal Medical History Significant Illnesses

- Cancer
- Hepatitis
- HIV (AIDS)
- Allergies
- Seizures
- Rheumatic Fever
- Weight Problem
- Tuberculosis
- Diabetes
- Thyroid Disease
- Venereal Disease
- Addictive Disorders
- Heart Disease
- Stroke
- Mental Illness
- Other: _____
- Implant/Pacemaker/Transplant
- Asthma
- High Low Blood Pressure
- Herpes

Please circle if you have experienced any of the following in the last 3 MONTHS. Use checkmark if longer than 3 mos.

General

- Poor Appetite
- Fevers
- Fatigue
- Tremors
- Cravings
- Insomnia
- Strong Thirst
- Poor Balance
- Appetite Change
- Bleeding
- Night Sweats
- Depression
- Weight Loss
- Sweat Easily
- Chills
- Easy Bruising
- Weight Gain
- Joint Pain
- Localized Weakness
- Emotional Changes _____
- Peculiar Tastes or Smells
- Sudden Energy Drop

Head & Eyes, Ears, Nose Throat (HEENT)

- Dizziness
- Ringing in Ears
- Gum Problems
- Night Blindness
- Blurred Vision
- Eye Pain
- Glasses
- Sinus Problems
- Headaches
- Concussion
- Earaches
- Glaucoma
- Poor Vision
- Cataracts
- Nose Bleeds
- Migraine
- Eye Strain
- Teeth Grinding
- Floaters
- Spots in front of Eyes
- Recurrent Sore Throat
- Sores on Lips
- Toothache
- Mouth Ulcers
- Other _____
- Jaw Click
- Poor Hearing
- Color Blindness
- Facial Pain where _____

Respiratory:

- Cough
- Wheezing
- Coughing Blood
- Bronchitis
- Phlegm
- Asthma
- Shortness of Breath
- Other _____
- Painful Breathing
- Easily Winded

Cardiovascular

- Blood Clots
- Phlebitis
- Fainting
- Dizziness
- Cold Hands or Feet
- Swelling of Hands
- Low Blood Pressure
- Swelling of Feet
- Chest Pain
- Shortness of Breath
- Irregular Heartbeat
- Difficult Breathing

Gastrointestinal

- Nausea
- Belching
- Diarrhea
- Bloating
- Constipation
- Hemorrhoids
- Blood in Stools
- Black Stools
- Bad Breath
- Abdominal Pain
- Vomiting
- Gastric Ulcers
- Intestinal Gas
- Indigestion
- Parasites Other _____

Genito/Urinary

- Painful Urination
- Blood in Urine
- Urgent Urination
- Impotence
- Scanty Urination
- Discolored Urine
- Frequent Urination
- Unable to Hold Urine
- Genital Sores
- Frequent Night Urination _____
- Kidney Stones

Gynecology & Pregnancy (females only)

- Date of Last Menses _____
- Difficult Births _____
- Fertility Problems
- Breast Lumps
- Duration of Flow _____
- # of Abortions _____
- Irregular period
- Vaginal Discharge
- # of Pregnancies _____
- # of Miscarriages _____
- Painful Periods
- Vaginal Sores
- # of Births _____
- Age of First Menses _____
- Clots
- Vaginal Dryness
- # of Premature Births _____
- Last PAP _____
- PMS
- Light Flow
- Heavy Flow
- Painful Intercourse

Men Only

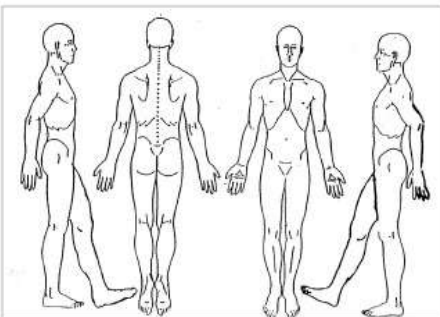
- Cancer
- Any complaints or sexual disturbances? _____
- Hormones
- Viagra
- Saw Palmetto

Musculo-Skeletal

- Neck Pain
- Scoliosis
- Arthritis
- Back Pain
- Shoulder Pain
- Muscle Weakness
- Joint Pain
- Knee Pain
- Muscle Soreness
- Injuries
- Muscle Spasms
- Muscle Cramping
- Hand/Wrist Pain
- Recent Sprains
- Other _____
- Weak Joints
- Foot/Ankle Pain
- Hip Pain

List Hospitalizations, Surgeries, Significant Illnesses _____

Any other problems you would like us to be aware of? _____



Please Circle Any Areas of Pain or Injury be prepared to describe the type and quality of pain

The above statements are true to the best of my knowledge

Signature: _____ Date: _____

INFORMED CONSENT FOR Constitutional Cosmetic Acupuncture/Mesotherapy Facial Rejuvenation

This is an informed consent document that has been prepared to help your acupuncturist inform you concerning facial acupuncture/mesotherapy treatments, the risks involved, and possible alternatives. Please be advised that this is not a surgical procedure. It is important that you read this information carefully and completely.

Please initial each page, indicating that you have read the page and sign the consent for facial acupuncture treatments, as proposed by your acupuncturist.

INTRODUCTION An acupuncture facial treatment involves the insertion of acupuncture needles into fine lines and wrinkles on the face and neck in order to reduce the visible signs of aging. In Oriental medicine, the meridians or pathways of *Qi* (energy) flow throughout the entire body from the soles of the feet up to the face and head; consequently, a facial acupuncture treatment addresses the entire body constitutionally, and is not merely cosmetic. An acupuncture facial involves the patient in an organic, gradual process, that is customized for each individual. It is no way analogous to, or a substitute for, a surgical face lift. A treatment session may confine itself solely to facial acupuncture, or it may be used in conjunction with other procedures.

BENEFITS Facial acupuncture can increase facial tone, decrease puffiness around the eyes, as well as bring more firmness to sagging skin, enhance the radiance of the complexion, and flesh out sunken areas. Customarily, fine wrinkles will disappear, and deeper ones be reduced. As this treatment is not merely confined to the face, but incorporates the entire body and constitutional issues of health.

ALTERNATIVE TREATMENT Improvement of sagging skin, wrinkles and fatty deposits may be attempted by other treatments or surgery such as a surgical facelift, chemical face peels, or liposuction. Risk and potential complications are associated with these alternative forms of treatment.

RISKS OF AN ACUPUNCTURE FACIAL Every procedure involves a certain amount of risk and it is important that you understand the risks involved with an acupuncture facial. An individual's choice to undergo an acupuncture facial is based upon the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them with your acupuncturist to make sure you understand the risks, potential complications, and consequences of an acupuncture facial.

BLEEDING It is possible, though very unusual, that you may have problems with bleeding during an acupuncture facial. Should post-acupuncture bleeding occur, it will usually only consist of a few drops. Accumulations of blood under the skin may cause a bruise, or *hematoma*, which will resolve itself.

INFECTION is very unusual after an acupuncture facial. Should an infection occur, additional treatment, including antibiotics, may be necessary.

DAMAGE TO DEEPER STRUCTURES Deeper structures such as blood vessels and muscles are rarely damaged during the course of a facial acupuncture treatment. If this does occur, the injury may be temporary or permanent.

ASYMMETRY The human face is normally asymmetrical. Thus, there can be a variation from one side to the other in the results attained from a facial acupuncture treatment.

BRUISING AND PUFFINESS There is a possibility of bruising (hematomas), puffiness, blood, tingling, itching, warmth, pain or other symptoms at the site of the needle.

NERVE INJURY Injuries to the motor or sensory nerves rarely result from facial acupuncture treatments. Nerve injuries may cause temporary or permanent loss of facial movements and feeling. Such injuries may improve over time. Injury to sensory nerves of the face, neck and ear regions may cause temporary or more rarely permanent numbness. Painful nerve scarring is very rare.

NEEDLE SHOCK Needle shock is a rare complication after an acupuncture facial.

UNSATISFACTORY RESULT There is the possibility of a poor result from an acupuncture facial. You may be disappointed with the results.

ALLERGIC REACTIONS In rare cases, local allergies to topical preparations have been reported. Systemic reactions which are more serious may occur to herbs used during an acupuncture facial. Allergic reactions may require additional treatment.

Are you allergic to soy, egg or anything else or medication(s) (please list)? _____

DELAYED HEALING Delayed wound healing or wound disruption are a rare complication experienced by patients in the aftermath of an acupuncture facial. There is a greater risk for smokers, who frequently have dry, sagging skin, which does not heal as readily as that of non-smokers.

LONG TERM EFFECTS Subsequent alterations in facial appearance may occur as the result of the normal process of aging, weight loss or gain, sun exposure, or other circumstances not related to an acupuncture facial. An acupuncture facial does not arrest the aging process or produce permanent tightening of the face and neck. Future facial acupuncture maintenance treatments, or other treatments, may be necessary to maintain the results of an acupuncture facial.

HEALTH INSURANCE Most health insurance companies exclude coverage for an acupuncture facial and/or any complications that might occur from an acupuncture facial. Please carefully review your health insurance subscriber information pamphlet.

HOMEOPATHIC INTEGRATIVE MESOTHERAPY. I understand that multiple injections are made subcutaneously of homeopathic, nutritional (orthomolecular) preparations for aesthetic and/or therapeutic effects on the body, including, but not limited to, reducing cellulite deposits, localized body fat deposits, skin wrinkling, baldness, rejuvenation of facial and localized body wrinkled skin, as well as for the following specific medical conditions (please list _____). I understand that depending on the specific problem, degree of the problem and the specific area(s) of the body involved, a series of injections is administered every 3 to 14 days for a total of 5 to 15 or more sessions. I understand that the benefits of Mesotherapy are much greater if specific medical

recommendations, regular exercise and fat loss diet are also followed. I understand that additional Homeopathic-Integrative support measures, therapy may also be recommended on an individualized basis. I understand that these will be recommended as part of an overall treatment plan. I understand the **BENEFITS of Mesotherapy** will vary and may include reduction of cellulite, increased skin tone, decrease of wrinkles and may eliminate or decrease pain. Topical anesthesia may be used if deemed needed.

RISKS of Mesotherapy are generally mild and may include minor bleeding and/or bruising at the injection sites, temporary mild pain or discomfort, localized redness, swelling, itching and/or irritation, potential secondary infection, brief light-headedness or, rarely, true allergy to nutrients, homeopathics, enzymes and/or nutraceuticals, if used. I understand that tenderness and bruising may last from one to seven or more days. Scarring from multiple injections can happen though highly unlikely. Transient or permanent discoloration of skin can sometimes occur at injection sites.

ADDITIONAL CARE NECESSARY There are many variable conditions in addition to risk and potential complications that may influence the long term result from acupuncture facial/mesotherapy treatments. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with an acupuncture facial/ mesotherapy treatment. Other complications and risks can occur but are even more uncommon. Should complications occur, other treatments may be necessary. The practice of acupuncture/mesotherapy is not an exact science. Although good results are expected, there is no guarantee or warranty, either expressed or implied, on the results that may be obtained.

FINANCIAL RESPONSIBILITIES The cost of an acupuncture facial and/or Mesotherapy involves several charges for the services provided. The total includes fees charged by your acupuncturist, the cost of acupuncture/homeopathic supplies, and topical preparations. Depending on whether the cost of your acupuncture facial is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. I understand that Orthomolecular preparations are over-the-counter nutrient and is generally *not covered by any federal entitlement program (Medicare, Medicaid, Champus, etc.)* and most private insurance or pre-paid managed ("HMO-IPA-PPO") care. I understand that *when Mesotherapy is performed as a cosmetic procedure it is not covered by any private insurance. I understand that I am responsible for all costs involved.*

DISCLAIMER Informed-consent documents are used to communicate information about the proposed procedure along with disclosure of risks and alternative forms of treatment(s). The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances. However, informed consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your acupuncturist may provide you with additional or different information which is based upon all the facts in your particular case and the present state of knowledge within the field of acupuncture. Informed consent documents are not intended to define or serve as the standard of acupuncture/mesotherapy. Standards of acupuncture/mesotherapy are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all of your questions answered before signing the CONSENT FOR FACIAL ACUPUNCTURE PROCEDURE OR MESOTHERAPY TREATMENT

1. I hereby authorize Solara Attatharya, AP, DNBHE, and such assistants as may be selected to perform the following: an acupuncture facial or Mesotherapy treatment. I have received the following acupuncture facial sheet:

INFORMED CONSENT FOR ACUPUNCTURE FACIAL

2. I recognize that during the course of the acupuncture facial, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above acupuncturist and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my acupuncturist at the time the procedure is begun. I understand that treatment may include the use of acupuncture needles, electrical acupuncture, TDP lamps, cupping, Homeopathy, Color therapy, Chinese herb medicine (raw, granules and patent forms, etc.), acupressure, lifestyle counseling, Chinese massage (Tui Na), Chinese food therapy, and Chinese fitness, Mesotherapy and nutritional counseling. We only use disposable sterile acupuncture needles, which are disposed of following OSHA guidelines for biochemical waste.

3. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.

4. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical device registration, if applicable.

5. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:

- a. THE ABOVE TREATMENT OR EXPOSURE TO BE UNDERTAKEN
- b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
- c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-5).

I AM SATISFIED WITH THE EXPLANATION. I understand that I may discontinue treatment at any time.

Patient Name (Print) _____ Patient Signature: _____ Date _____

Witness (Print): _____ Witness Signature: _____ Date _____

Practitioner Witness _____ Practitioner Signature _____ Date: _____



Abundant Health Holistic Center

Solara Attatharya, DOM, AP, DNBHE

352 365-4325

Please Print as you fill it out

PATIENT NAME _____ Date _____

What medications are you taking? (Rx, Over The Counter, Aspirin, Anticoagulants, The Pill, Hormones, Vitamins, Herbs, greens, probiotics, power bars, drinks including energy drinks, etc.

and Please check if prescribed by a **Physician (Rx)** or **Self** prescribed (**SRx**) Include Mfr and dosage.

Medication / Supplement	Dosage	Frequency	Condition	Brand Name	Working?
<input type="checkbox"/> Rx <input type="checkbox"/> SRx _____	Mg _____	X Day For _____	_____	Mfr _____	<input type="checkbox"/> Y <input type="checkbox"/> N
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“Anything” else you take only sometimes or recently stopped taking and why

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