Jeremy Rothenberg, L.Ac.
862 Folsom Street San Francisco, CA 94107 | 1240 Powell Street, Emeryville, CA 94608 | 415-449-0445 | enlightenedbody.com

Important: Complete this document as thoroughly as possible. Some questions may seem unrelated to your condition, but they may affect your diagnosis and treatment. All information is confidential.

Personal Information

Date of First Appointment	First Name		Last Name			Middle Initial
Date of Birth	Age	Gender	Height	Weight		
Street Address			City		State	Zip Code
Phone (day): Home Work Mobile *Circle One*			Phone (eve): Home Work Mobile *Circle One*			
Email Address			Referred by?			
Emergency Contact (Name & Number)			Partner Contact (if not same as emergency contact)			

Primary Physician (full name if possible):	Telephone:
Physician's Address (or name of clinic/hospital):	

Insurance Company:	Insured's Name (if not you):
Insurance Company Address:	Relationship to Patient:
Telephone:	
Insured ID Number :	Policy Group or FECA Number:
Social Security Number:	
Employment Status: Full-time | Part-time | Self-employed | Retired | Unemployed | Student	

Note on Insurance: Full payment is due at the time of service. Upon request, a Superbill will be provided. A Superbill is an invoice using standardized codes for treatments received, which you can submit directly to your insurance company for reimbursements. Please call your insurance carrier to find out about your insurance plan's coverage for acupuncture and related services.

Jeremy Rothenberg, L.Ac.
862 Folsom Street San Francisco, CA 94107 | 1240 Powell Street, Emeryville, CA 94608 | 415-449-0445 | enlightenedbody.com

---

Treatment

What issue(s) would you like treated?
How long since onset? What makes it better? What makes it worse?
Have you received any treatments for this health issue? Please describe. [ ] Yes [ ] No
Have you ever had acupuncture before? If so, for what condition(s)? [ ] Yes [ ] No
Are you presently being treated for any (other) medical conditions? Please describe. [ ] Yes [ ] No
Please list/describe other health concerns, in order of importance.

Diet & Exercise

Are you on a special diet? (e.g. vegetarian, vegan, low-carb, raw, Atkins, Zone, etc…)	
Typical Daily Diet Breakfast: Lunch: Dinner:	Snacks:
Average daily water intake (# of glasses):	
Do you exercise? If yes, Please describe. [ ] Yes [ ] No	

Jeremy Rothenberg, L.Ac.
862 Folsom Street San Francisco, CA 94107 | 1240 Powell Street, Emeryville, CA 94608 | 415-449-0445 | enlightenedbody.com

---

Medications

Please list all prescription medications you use. Include those which you may only use occasionally. Remember inhalers, eye drops, nose sprays, and topical creams.

NOTE: If need more space, use back of page.

Prescriptions					
Prescription Name	Purpose	How Long	Dose	How Often	Last Dose
Supplements					
Supplement Name	Purpose	How Long	Dose	How Often	Last Dose

		Amount	Describe
Caffeinated Coffee	Y / N		
Caffeinated Tea	Y / N		
Cigarettes	Y / N		
Marijuana	Y / N		
Other Drugs	Y / N		

Jeremy Rothenberg, L.Ac.
862 Folsom Street San Francisco, CA 94107 | 1240 Powell Street, Emeryville, CA 94608 | 415-449-0445 | enlightenedbody.com

---

Personal & Family Medical History

- Use a "C" for current problems
- Use a "P" for past problems
- Leave blank if not applicable.
- Please list age of relatives or age when they passed on.

		You	Mother	Father	Sister(s	Brother(s)	Children
	Age						
AIDS / HIV							
Alcohol							
Allergies							
Anxiety							
Anorexia / Bulimia							
Arthritis							
Asthma / Hay Fever / Allergy							
Back Trouble							
Bursitis							
Cancer							
Constipation							
Depression							
Diabetes							
Digestive Trouble							
Headaches							
Heart Trouble							
Hepatitis							
High Blood Pressure							
Immune Disorder							
Insomnia							
Kidney Trouble							
Liver Trouble							
Migraine							
Neck Pain							
Thyroid Disorder							
Tobacco							
Weight Problem							
Other:							

Any known food or drug allergies?

Jeremy Rothenberg, L.Ac.
862 Folsom Street San Francisco, CA 94107 | 1240 Powell Street, Emeryville, CA 94608 | 415-449-0445 | enlightenedbody.com

---

Symptoms

- For current symptoms, rate its severity from 1-5 (5 being the worst).
- For past symptoms, circle [P]
- If Not Applicable, leave blank

Liver / Gallbladder

Severity	Symptom
[1] [2] [3] [4] [5] [P]	Irritability/Anger
[1] [2] [3] [4] [5] [P]	Depression
[1] [2] [3] [4] [5] [P]	Stress/Tension
[1] [2] [3] [4] [5] [P]	Headaches/Migraines
[1] [2] [3] [4] [5] [P]	Red/Dry/Itchy Eyes
[1] [2] [3] [4] [5] [P]	Gall Stones
[1] [2] [3] [4] [5] [P]	Dizziness
[1] [2] [3] [4] [5] [P]	Blurred Vision
[1] [2] [3] [4] [5] [P]	Feeling of Lump in Throat
[1] [2] [3] [4] [5] [P]	Clenching of Teeth at Night
[1] [2] [3] [4] [5] [P]	Muscle Cramp/Twitch
[1] [2] [3] [4] [5] [P]	Pain/Tight in Joints/Neck/Shoulder
[1] [2] [3] [4] [5] [P]	Poor Circulation
[1] [2] [3] [4] [5] [P]	Soft/Brittle Nails
[1] [2] [3] [4] [5] [P]	Emotional Eating
[1] [2] [3] [4] [5] [P]	Bad Taste in Mouth
[1] [2] [3] [4] [5] [P]	Craving Sour Foods

Kidney / Urinary Bladder

Severity	Symptom
[1] [2] [3] [4] [5] [P]	Urinary Problems
[1] [2] [3] [4] [5] [P]	Bladder Infection
[1] [2] [3] [4] [5] [P]	Incontinence
[1] [2] [3] [4] [5] [P]	Weak/Pain in Low Back
[1] [2] [3] [4] [5] [P]	Decreased Bone Density
[1] [2] [3] [4] [5] [P]	Feeling Cold Easily
[1] [2] [3] [4] [5] [P]	Cold Hands
[1] [2] [3] [4] [5] [P]	Cold Feet
[1] [2] [3] [4] [5] [P]	Low Libido (Sex Drive)
[1] [2] [3] [4] [5] [P]	Excess Libido (Sex Drive)
[1] [2] [3] [4] [5] [P]	Poor Memory
[1] [2] [3] [4] [5] [P]	Loss of Hair
[1] [2] [3] [4] [5] [P]	Hearing Problems
[1] [2] [3] [4] [5] [P]	Cavities
[1] [2] [3] [4] [5] [P]	Fear
[1] [2] [3] [4] [5] [P]	Hot Flash / Night Sweats
[1] [2] [3] [4] [5] [P]	Craving Salty Foods

Spleen / Stomach

Severity	Symptom
[1] [2] [3] [4] [5] [P]	Body Heaviness
[1] [2] [3] [4] [5] [P]	Fatigue

Lung / Large Intestine

Severity	Symptom
[1] [2] [3] [4] [5] [P]	Dry Cough
[1] [2] [3] [4] [5] [P]	Productive Cough

Jeremy Rothenberg, L.Ac.
862 Folsom Street San Francisco, CA 94107 | 1240 Powell Street, Emeryville, CA 94608 | 415-449-0445 | enlightenedbody.com

---

[1] [2] [3] [4] [5] [P] Difficulty Getting Up in Morning
[1] [2] [3] [4] [5] [P] Muscle Weakness / Tired
[1] [2] [3] [4] [5] [P] Edema (swelling)
[1] [2] [3] [4] [5] [P] Easy to Bruise / Bleed
[1] [2] [3] [4] [5] [P] Bad Breath
[1] [2] [3] [4] [5] [P] Nausea / Vomiting
[1] [2] [3] [4] [5] [P] Difficult Digesting Fatty Foods
[1] [2] [3] [4] [5] [P] Gas / Belching
[1] [2] [3] [4] [5] [P] Hemorrhoids
[1] [2] [3] [4] [5] [P] Constipation
[1] [2] [3] [4] [5] [P] Loose Stools
[1] [2] [3] [4] [5] [P] Abdominal Pain
[1] [2] [3] [4] [5] [P] Heartburn / Indigestion
[1] [2] [3] [4] [5] [P] Over-Thinking
[1] [2] [3] [4] [5] [P] Tendency to Gain Weight
[1] [2] [3] [4] [5] [P] "Foggy" Brain
[1] [2] [3] [4] [5] [P] Craving Sweet Foods

Heart / Small Intestine

Severity Symptom

[1] [2] [3] [4] [5] [P] Heart Palpitations
[1] [2] [3] [4] [5] [P] Chest Pain
[1] [2] [3] [4] [5] [P] Insomnia / Sleep Problems
[1] [2] [3] [4] [5] [P] Easily Startled
[1] [2] [3] [4] [5] [P] Restless / Vivid Dreams
[1] [2] [3] [4] [5] [P] Craving Bitter Foods

[1] [2] [3] [4] [5] [P] Bloody Cough
[1] [2] [3] [4] [5] [P] Nasal Discharge
[1] [2] [3] [4] [5] [P] Post Nasal Drip
[1] [2] [3] [4] [5] [P] Sinus Congestion
[1] [2] [3] [4] [5] [P] Itchy / Red / Painful Throat
[1] [2] [3] [4] [5] [P] Skin Rash / Hives
[1] [2] [3] [4] [5] [P] Snoring
[1] [2] [3] [4] [5] [P] Grief / Sadness
[1] [2] [3] [4] [5] [P] Short of Breath
[1] [2] [3] [4] [5] [P] Allergies
[1] [2] [3] [4] [5] [P] Asthma
[1] [2] [3] [4] [5] [P] Low Resistance to Colds
[1] [2] [3] [4] [5] [P] Sneezing
[1] [2] [3] [4] [5] [P] Mild Fever
[1] [2] [3] [4] [5] [P] Emphysema
[1] [2] [3] [4] [5] [P] Bronchitis
[1] [2] [3] [4] [5] [P] Constipation
[1] [2] [3] [4] [5] [P] IBS
[1] [2] [3] [4] [5] [P] Colitis / Spastic Colon
[1] [2] [3] [4] [5] [P] Diarrhea
[1] [2] [3] [4] [5] [P] Craving Spicy Foods

Jeremy Rothenberg, L.Ac.
862 Folsom Street San Francisco, CA 94107 | 1240 Powell Street, Emeryville, CA 94608 | 415-449-0445 | enlightenedbody.com

---

INFORMED CONSENT TO TREATMENT

I consent to acupuncture treatments and other procedures associated with Traditional Chinese Medicine by Jeremy Rothenberg, L.Ac. I have discussed the nature and purpose of my treatment with the above named practitioner.

I understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation , Tui-Na (Chinese Massage), Chinese herbal medicine, and nutritional counseling.

I have been informed that acupuncture is a safe method of treatment, but that it may have side effects, including bruising, numbness or tingling near the needling sites that may last a few days, and dizziness or fainting. Bruising is a common side effect of cupping. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage, and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although this clinic uses sterile disposable single-use needles, and maintains a clean and safe environment. Burns and /or scarring are a potential risk of moxibustion. I understand that while this document describes the major risks of treatment, other side effects and risks may occur.

The herbs and nutritional supplements (which are from plant, animal, and mineral sources) that have been recommended are traditionally considered safe in the practice of Chinese Medicine, although some may be toxic in large doses. I understand that some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rahes, hives, and tingling of the tongue.

I understand that the herbs need to be prepared and the tea consumed according to the instructions provided orally and in writing. The herbs may have an unpleasant smell or taste. I will immediately notify Jeremy Rothenberg, L.Ac., of any unanticipated or unpleasant effects associated with the consumption of the herbal teas.

I will notify Jeremy Rothenberg, L.Ac., if I am or become pregnant.

I do not expect Jeremy Rothenberg, L.Ac., to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the above named practitioner to exercise judgment during the course of treatment which he thinks at the time, based upon facts then known, is in my best interests.

I understand the clinical medical and administrative staff may review my medical records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

By voluntarily signing below, I show that I have read, or have had read to me, this consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

______________________________	___JEREMY ROTHENBERG, L.Ac.________
Print Name of Patient (Or Representative)	Print Name of Practitioner
X______________________________	X______________________________
Signature of Patient (Or Representative)	Jeremy Rothenberg, L.Ac.