



New Patient Form

Save this digital form to your computer and complete in Adobe Acrobat. Enter information in the highlighted fields and sign with either a digital or manual signature. For digital signature: follow prompts after clicking the 'Signature' field; we advise you lock this file in the digital signature panel. Alternatively, print and sign manually. Once completed, please save your document with your name in the title, eg "TTP_NewPatientForm_JohnSmith.pdf" and submit via email to: info@tothepoint.health, or bring with you to your first appointment.

Name	<input type="text" value="first name"/>	<input type="text" value="last name"/>	DOB	<input type="text" value="day"/>	<input type="text" value="month"/>	<input type="text" value="4 digit year"/>
Address	<input type="text" value="number & street name"/>					
Suburb	<input type="text" value="suburb name"/>	State	<input type="text" value="select state"/>	Postcode	<input type="text" value="4 digit postcode"/>	
Telephone	<input type="text" value="home"/>	<input type="text" value="work"/>	<input type="text" value="mobile"/>			
Email	<input type="text" value="email address"/>					
Referred by	<input type="text" value="referred by name"/>					

Please initial to acknowledge your awareness that practitioners at To The Point Acupuncture and Chinese Medicine may use any of the following therapies to treat you: **Initials**

Acupuncture	Australian Bush Essences	Chinese Herbal Medicine	Cosmetic Acupuncture
Cupping	Dermal Hammer	Electro Acupuncture	Gua Sha
Massage Therapy	Moxibustion	Nutritional Supplements	Point Injection Therapy

Therapies offered at To The Point have a long history of safe practice. There are always risks associated with any sort of treatment, and the best way to reduce the risk is to answer all questions about your health fully and honestly. Please provide information on the following:

Prescription Medications	Vitamin/Mineral/Herb/Supplements
<input type="text" value="medication 1"/>	<input type="text" value="supplement 1"/>
<input type="text" value="medication 2"/>	<input type="text" value="supplement 2"/>
<input type="text" value="medication 3"/>	<input type="text" value="supplement 3"/>
<input type="text" value="medication 4"/>	<input type="text" value="supplement 4"/>
<input type="text" value="medication 5"/>	<input type="text" value="supplement 5"/>
<input type="text" value="medication 6"/>	<input type="text" value="supplement 6"/>

Do you experience easy bruising or have a bleeding disorder?..... **Yes** **No**

Do you experience frequent infections or easily develop skin infections?..... **Yes** **No**

Do you have any allergies or sensitivities to Latex?..... **Yes** **No**

Do you have any allergies? If yes, please provide details below..... **Yes** **No**

if yes, describe allergies

Have you ever had the following?

Diabetes..... **Yes** **No** Are you Pregnant?..... **Yes** **No**

Cancer..... **Yes** **No** Do you faint easily?..... **Yes** **No**

Hepatitis..... **Yes** **No** Do you have a pacemaker?..... **Yes** **No**

Do you have any joint replacements?..... **Yes** **No**

Do you have any condition that might compromise your immunity?..... **Yes** **No**

Are you taking any medication that might compromise your immunity?..... **Yes** **No**

Below is a list of potential risks associated with the therapies offered at To The Point. We will explain all treatments to you before we commence them but you must ask if you require further explanation or have specific questions. Please tell your practitioner if you do not want a particular type of therapy. Please initial next to each paragraph when you have read it.

Outline of possible risk	Therapy	Strategies to minimise the possible risk	Initials
Pain	<ul style="list-style-type: none"> • Acupuncture • Point injection • Massage • Cupping 	Tell your practitioner if you are sensitive to stimulation and if you become uncomfortable or experience pain during the treatment.	initials
Bruising	<ul style="list-style-type: none"> • Acupuncture • Point injection • Massage • Cupping 	Tell us if you bruise easily or have a bleeding disorder. Small bruises are always possible with acupuncture. Cupping typically leaves bruises that are usually painless and can last over a week. It is important to tell us if bruises in the area being treated are cosmetically unacceptable.	initials
Infection	<ul style="list-style-type: none"> • Acupuncture • Point injection • Massage • Cupping 	We only use pre-sterilised single-use disposable acupuncture needles in this clinic. It is possible to develop an infection whenever the skin is punctured so tell us if you have a known immune problem so we can take special precautions. Some medications can affect your skin and immune system so we need to know which medications you are taking.	initials
Burn	<ul style="list-style-type: none"> • Moxibustion 	Please advise your practitioner if you have sensitive skin, and tell your practitioner if the heat is uncomfortable.	initials
Smoke irritation	<ul style="list-style-type: none"> • Moxibustion 	Please advise your practitioner if you have any medical condition affecting your respiratory system such as asthma.	initials
Relaxed or Sleepy	<ul style="list-style-type: none"> • Acupuncture • Point injection • Massage • Moxibustion 	It is common to feel relaxed or sleepy after treatment so avoid getting up quickly from the treatment table and give yourself time to adjust after treatment before using stairs or driving.	initials
Drug herb interactions	<ul style="list-style-type: none"> • Herbal medicine 	It is important to tell us about all medications, herbal or nutritional products that you are currently taking or have recently stopped.	initials
Fainting	<ul style="list-style-type: none"> • Acupuncture • Point injection • Massage 	Do not skip a meal before treatment. Get up slowly after the treatment.	initials
Aggravation of your condition	<ul style="list-style-type: none"> • Any therapy 	It is possible that your condition could be aggravated.	initials

Cancellation Policy

This practice requires 24 business hours notice for cancellations, otherwise a fee shall be incurred.

Cancellations on the day of appointment, shall incur the full consultation fee.

Cancellations within 24 business hours of appointment shall incur a fee of 50% consultation fee.

Agreement

I understand the therapies and risks outlined in this document and agree to undergo treatment.

I have provided relevant medical history and listed my medications and supplements.

I have read and understand the cancellation policy, and that I will incur a fee if cancelling within 24 hours of the appointment.

Full Name

Date

Signature

If signing with a digital signature: follow the prompts after clicking in the 'Signature' field. For security purposes we advise you to lock this file in the digital signature panel.

Sign by hand or digitally (If under 18, signed by Parent or Guardian)

Please save your document with your name in the title, eg "TTP_NewPatientForm_John Smith.pdf" and submit via email to: info@tothepoint.health, or bring to your first appointment.