Harmonic Healing Acupuncture

Acugems Facial Rejuve/ Facial Rejuvenation Acupuncture
Intake Form Addendum

Name: _____Date of Birth:_____Date:_____

Please indicate if any of the following pertain to you: (Marking "Yes" does not make you ineligible for treatment, however, it may restrict some of our treatment modalities):

- ○ Prone to bleeding
- ○ Epilepsy
- ○ Seizures
- ○ Warts and moles (face)
- ○ Blood-thinning medication
- ○ Pregnant
- ○ Breast feeding
- ○ Chronic headaches
- ○ Migraines
- ○ Cold sore
- ○ Extreme rosacea
- ○ Cancer_____
- ○ Pacemaker
- ○ Heart condition_____
- ○ Metal plates or pins (head/neck)
- ○ Diabetes
- ○ Bruise easily

What products do you use for your face/skin currently? Please list your regimen in detail:

_____

_____

_____

Please list any medications, vitamins, and/or herbs you are taking:

_____

_____

_____

For what conditions are you taking these?

_____

_____

Please indicate the use and frequency of the following:

Coffee_____ Soft drinks_____Water_____

Alcohol_____ Cigarettes/tobacco_____

Please list typical day for the following:

Breakfast:_____

Lunch:_____

Dinner:_____

Snacks:_____

Exercise (How often):_____

Have you ever received radio wave treatment? _____When?_____

Have you ever received acupuncture?_____ Have you ever received Facial acupuncture?_____

Have you ever received cosmetic procedures? (Botox, fillers, plastic surgery, other)?_____

Explain: How long ago? Type?_____

How much sun exposure do you get per week?_____

What are your major facial

concerns?_____

_____

_____

Are you also interested in Facial Rejuvenation Acupuncture (the insertion of acupuncture needles into fine lines and

wrinkles on the face and neck)?_____

Skin type? Please circle: Normal Dry Oily Sensitive Combination

Do you have or have you ever had the following?

- o Acne
- o Itching
- o Skin rashes
- o Skin allergies
- o Eczema
- o Skin cancer
- o Rosacea

Are there any additional health conditions that I should be aware of?

_____

_____

_____

_____

Patient signature _____ Date: _____

THANK YOU!!!