



Welcome to pin & tonic! Please complete the information below & return via email to: admin@pinandtonic.com.au or bring to your first appointment.

Name _____ Date of birth ____ / ____ / ____

Address _____

Tel (mobile) _____ (home) _____

Email address _____

Health fund _____ Occupation _____

Emergency contact – Name _____

Relation _____ Telephone number _____

GP name _____ Other health practitioners _____

How did you hear about our clinic? Website Facebook Yellow pages Walked by

Personal referral (if so, who?) _____ Other _____

What are your health concerns in order of importance to you?

- 1. _____
2. _____
3. _____

DO YOU:
Take anti-coagulant / bleeding thinning medications / fish oils? YES / NO
Have any electrical implants? (i.e. pacemaker) YES / NO
Have any artificial implants? (i.e. joint replacements, metal plates, breast implants? YES / NO
Have a bleeding disorder? YES / NO
Have an allergy to metal? YES / NO
Have a history of any fainting / fits / funny turns? YES / NO

IF FEMALE, are you or could you be pregnant? YES / NO
Please indicate any serious conditions / illnesses / injuries / hospitalizations, with approximate dates _____

Do YOU or a close relative (parent/child/sibling) have (or have had) any of the following?

| | Who? | | Who? |
|----------------------------|------|------------------------------|------|
| Allergies | | Thyroid problems | |
| Asthma | | Arthritis | |
| Heart disease | | Anxiety/depression | |
| High or low blood pressure | | Abdominal/digestive problems | |
| Cancer | | Muscle/joint pain | |
| Diabetes | | Headache/migraines | |
| Stroke | | Skin conditions/rash | |

Other conditions not listed above _____

What medications are you currently taking (including prescription / vitamins / supplements)?

Do you have any food allergies / intolerances or foods that aggravate your symptoms?

Do you have any specific dietary choices or restrictions? _____

What do you hope your treatment will achieve? _____

Please inform your practitioner of any existing health conditions to limit potential treatment risks. If receiving acupuncture, occasionally there may be a transitory increase in discomfort at the sites of treatment for 1-2 days. We use single-use, sterile, disposable acupuncture needles to ensure the safest acupuncture treatment possible. I accept that acupuncture is a safe method of treatment but may occasionally have some side effects, including but not limited to bruising, minor swelling, numbness or tingling, dizziness or fainting, bruising &/or bleeding. I will tell my acupuncturist immediately if I experience a sensation of light headedness or any other symptoms or problems after my treatment. I understand that I should attempt to lie still while needles are being inserted, retained & removed.

I accept that I am responsible for following or not following recommendations provided by pin & tonic practitioners. I consent to treatment with acupuncture, naturopathy and/or nutrition. I intend this consent form to cover the entire course of my treatment at pin & tonic.

Signature _____ Date _____ / _____ / _____