QI MOVER

Dr. Julie Grodsky, DACM, L.Ac.
ACUPUNCTURE · BODYWORK · MOVEMENT
North County San Diego, California
hello@qimover.co · qimover.co

NEW PATIENT INTAKE

Confidential. Please complete every field marked required. What you share here helps Dr. Grodsky build a treatment plan around you, and it stays private under the practice's Notice of Privacy Practices.

01 — ABOUT YOU

FULL NAME *required*

DATE OF BIRTH *required*

EMAIL *required*

PHONE *required*

HOME ADDRESS

OCCUPATION *required*

REFERRED BY *required*

EMERGENCY CONTACT (NAME) *required*

EMERGENCY CONTACT (PHONE) *required*

02 — YOUR HEALTH

ARE YOU CURRENTLY UNDER THE CARE OF A PHYSICIAN? *required*

☐ Yes ☐ No

IF YES, FOR WHAT REASON

PHYSICIAN NAME AND PHONE

CURRENT MEDICATIONS, NUTRITIONAL SUPPLEMENTS AND HERBS *required*

FOOD ALLERGIES OR INTOLERANCES *required*

TAKING COUMADIN, WARFARIN OR BLOOD THINNERS? *required* ☐ Yes ☐ No

DO YOU HAVE A PACEMAKER? *required* ☐ Yes ☐ No

CURRENTLY RECEIVING STEROID INJECTIONS? *required* ☐ Yes ☐ No

IF YES, WHICH STEROIDS

HAVE YOU BEEN IN A RECENT CAR ACCIDENT? *required* ☐ Yes ☐ No

ARE YOU PREGNANT, OR COULD YOU BE? *required* ☐ Yes ☐ No ☐ Not applicable

03 — TODAY'S VISIT

REASON FOR TODAY'S VISIT *required*

PLEASE DESCRIBE YOUR MAJOR SYMPTOMS *required*

WHAT CAUSED YOUR PRIMARY COMPLAINT (IF KNOWN), AND HOW AND WHEN IT STARTED *required*

HAVE YOU RECEIVED TREATMENT FOR THIS CONDITION? *required*

☐ Yes ☐ No

DIAGNOSIS, IF ANY

RESULTS OF THAT TREATMENT

04 — HOW LIFE FEELS RIGHT NOW

Qi moves through every part of life, not only the part that hurts. Mark how each area feels today. There are no wrong answers.

FAMILY ☐ Good ☐ Satisfactory ☐ Poor

RELATIONSHIP ☐ Good ☐ Satisfactory ☐ Poor

WORK ☐ Good ☐ Satisfactory ☐ Poor

EXERCISE ☐ Good ☐ Satisfactory ☐ Poor

DIET ☐ Good ☐ Satisfactory ☐ Poor

SLEEP ☐ Good ☐ Satisfactory ☐ Poor

SPIRITUALITY ☐ Good ☐ Satisfactory ☐ Poor

SEX LIFE ☐ Good ☐ Satisfactory ☐ Poor

SELF WORTH ☐ Good ☐ Satisfactory ☐ Poor

05 — INFORMED CONSENT TO TREATMENT

CONSENT TO CARE

I, the undersigned, authorize Dr. Julie Grodsky, DACM, L.Ac. of Qi Mover to perform the following as part of my care:

- **Acupuncture:** the insertion of pre-sterilized, single-use disposable needles through the skin into the underlying tissue at specific points on the body.
- **Electro-acupuncture:** small amounts of electrical current used to stimulate specific acupuncture points.
- **Bodywork and manual therapy:** including myofascial release, effleurage, petrissage, deep tissue work, stretching and traction.
- **Cupping therapy:** cups of glass, plastic or silicone placed on the skin with a vacuum created by heat or a suction device.
- **Gua sha:** a smooth-edged tool stroked along lubricated skin to release tension and encourage circulation.
- **Moxibustion (moxa):** indirect warming of acupuncture points with a burning herbal compound in stick or cone form.
- **Infrared heat:** heat from an infrared lamp applied over a specific area of the body.
- **Liniments, oils and herbal plasters:** herbal formulas applied topically to the skin.
- **Herbal medicine and nutritional advice:** Chinese herbal formulas, dietary and lifestyle recommendations.
- **Movement and breathwork:** guided yoga, stretching and breathing practices as part of a treatment plan.

BENEFITS AND RISKS

Potential benefits include, but are not limited to: drug-free relief of presenting symptoms and an improved balance of the body's systems that may lead to the prevention, improvement or elimination of the presenting problem.

Potential risks include, but are not limited to: discomfort, pain, bruising, blistering, bleeding, infection at the site of a procedure, temporary discoloration of the skin, a broken needle, and possible temporary aggravation of symptoms that existed before treatment.

Patients with bleeding disorders or pacemakers, and patients who are or may be pregnant, must inform Dr. Grodsky before treatment.

ACKNOWLEDGEMENT

I have had the opportunity to ask Dr. Julie Grodsky, DACM, L.Ac. questions about these procedures, and I voluntarily consent to one or more of them being performed. I understand there is no guarantee that these procedures will cure or improve my condition. In consideration of Dr. Grodsky performing these procedures, I release her from any and all liability that may arise in connection with my treatment, except as provided by law. I understand that I am free to withdraw this consent and to discontinue any procedure at any time.

Qi Mover follows HIPAA guidelines. If you have not received a copy of the Notice of Privacy Practices, which explains how your health information is used and protected, you may request one at any time.

Dr. Julie Grodsky, DACM, L.Ac. · CA License # AC 20732

PATIENT SIGNATURE	PRINTED NAME	DATE

Parent or guardian signature and printed name, if the patient is a minor:

PARENT / GUARDIAN SIGNATURE	PRINTED NAME	DATE