Petson Chan Acupuncture

Initial Facial Acupuncture Intake Form

Note: Information provided on this form is confidential. It is very important that the information given is complete and accurate in order for us to provide you the best healing experience possible. Please PRINT your responses. If you have questions, please ask. Thank you!

Personal Information:

Name: _____ Date: ____/____/20____

Date of Birth: ____/____/_____ Age: _____ Sex: ☐Male ☐Female ☐Transgender

CONTRAINDICATIONS FOR FACIAL ACUPUNCTURE

Please check all that applies to you or that you suspect you may have.

☐ Bleeding Disorders (ex. Hemophilia, etc.)	☐ Herpes Outbreak Currently
☐ Cancers	☐ Pituitary Disorders
☐ Chronic Vertigo/Dizziness	☐ Poorly Controlled Diabetes Mellitus (HbA1C>8.0)
☐ Compromised Immune System	☐ Pregnancy or Trying to Get Pregnant
☐ Coronary Heart Disease (ex. Atherosclerosis, Heart Failure, Arrhythmias, Plaque Build Up in Arteries, Pacemaker, etc.)	☐ Seizures or Epilepsy
	☐ Uncontrolled High Blood Pressure
	☐ Other Severe Health Or Life Threatening Conditions _____
☐ Chronic Headaches/Migraines	

By signing this agreement, I am acknowledging that I have read the above contraindications for facial rejuvenation acupuncture procedures. I also affirm, to the best of my knowledge, that I do not have the above listed conditions and will inform Petson Chan Acupuncture if I ever have the above conditions or any other conditions that may be contraindicated for facial rejuvenation acupuncture procedures. When in doubt, I will always discuss any health conditions that I may have with Petson Chan Acupuncture.

Patient (or Representative) Signature: _____ Date: _____

Skin Care History

Please check any of the following which are of most concern to you.

☐ Acne	☐ Facial Scarring	☐ Vertical Creases/Furrows
☐ Acne Scarring	☐ Large Pores	☐ Wrinkles
☐ Bags/Swelling Under Eyes	☐ Lusterless Skin	☐ Nasolabial (nose to mouth)
☐ Broken Capillaries	☐ Oily Skin	☐ Eyes (Crow's Feet)
☐ Double Chin	☐ Rosacea	☐ Lips
☐ Droopy Eyelids	☐ Sagging Face	☐ Other: _____
☐ Dry Skin	☐ Sun Damage	☐ Other: _____

Skin Procedures

Please check all procedures you have had or are currently undergoing.

☐ Blepharoplasty	Date(s): _____	☐ Microdermabrasion	Date(s): _____
☐ Botox Injections	Date(s): _____	☐ Restylane	Date(s): _____
☐ Brow or Coronal Lift	Date(s): _____	(Cosmetic Fillers)	
☐ Chemical Peels	Date(s): _____	☐ Rhytidectomy	Date(s): _____
☐ Collagen Injections	Date(s): _____	☐ Silicon Injections	Date(s): _____
☐ Laser Procedures	Date(s): _____	☐ Threading (Lift)	Date(s): _____
☐ Mesotherapy	Date(s): _____	☐ Other: _____	Date(s): _____

1. Do you bruise easily? Do you have skin allergies? _____
2. Are you taking blood thinner medications? _____
3. Have you ever had facial rejuvenation acupuncture before? When? How many sessions? Results?

_____