

ACUPUNCTURE OF EUGENE 160 E. Broadway Ste. 200 Eugene OR 97401  
541-636-3328 [acueugene.com](http://acueugene.com). [acueugene@gmail.com](mailto:acueugene@gmail.com)

Name

Mailing Address

Your date of birth

I identify my sex as:

email address

Home phone number

Cell phone number

Profession

**PROVIDENCE OR PACIFIC SOURCE INSURANCE? (All others are cash patients and will receive a superbill upon request)**

Insurance member id number

Insurance Group number

Insurance company phone number

How did you hear about us?

Friend, ad, facebook, doctor, fair/event, online search, insurance list, other

If you were referred, by whom?

MAIN COMPLAINT YOU ARE HERE FOR:

SECONDARY COMPLAINTS:

MEDICATIONS CURRENTLY TAKING:

DOCTOR NAME AND CONTACT INFO:

PLEASE CIRCLE ANY YOU HAVE EVER HAD:

bleeding disorder/hemophilia

cancer

diverticulosis

emphysema

environmental sensitivities

epilepsy or seizures

fibromyalgia

heart disease

immune disorders

osteoporosis

restless leg syndrome

skin disorders

stroke

thyroid disorders

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CIRCLE ANY THAT YOU HAVE:

**How is your sleep:** Difficulty falling or staying asleep?

**Digestion:** any gas, bloating, soft stools or constipation, acid reflux, hemorrhoids, nausea or vomiting, weight gain?

**Immune function:** any diagnosed immune deficiency? Get sick easily?

**Allergies or environmental sensitivities?**

**Heart health:** high blood pressure, high cholesterol, surgeries or medications now taking?

**Emotional health:** any mental diagnoses or chronic issues: anxiety depression, memory gaps?

**Any significant trauma in your life?**

**Female health:** irregular cycles, painful periods, clotted blood, excessive flow, no periods, using birth control, currently pregnant, hot flashes, night sweats?

**Male health:** enlarged prostate, kidney stones history, prostate cancer, High psa, urinary incontinence, Erectile Dysfunction, Excessive libido, low libido?

**Lifestyle:** smoke currently, drink alcohol daily, low energy level, exercise frequently?

**What activities give you enjoyment and satisfaction in life?**

**Describe any pain in the body and indicate from pain scale 1-10 least to worst pain, current pain level:**

**Describe any accidents within the last 2 years:**

**Briefly mention any old injuries older than 2 years**

**Patient Consent for Use and Disclosure  
of Protected Health Information**

I hereby give my consent for **Acupuncture of Eugene** to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO).

(The Notice of Privacy Practices provided by **Acupuncture of Eugene** describes such uses and disclosures more completely.)

I have the right to review the Notice of Privacy Practices prior to signing this consent. **Acupuncture of Eugene** reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to **Acupuncture of Eugene 160 East Broadway, set 200 Eugene OR 97401**.

With this consent, **Acupuncture of Eugene** may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory test results, among others.

With this consent, **Acupuncture of Eugene** may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked "Personal and Confidential."

With this consent, **Acupuncture of Eugene** may e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that **Acupuncture of Eugene** restrict how it uses or discloses my PHI to carry out TPO. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to allow **Acupuncture of Eugene** to use and disclose my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, **Acupuncture of Eugene** may decline to provide treatment to me.

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Signature of Patient or Legal Guardian