

Sage Mountain Wellness
Linda Gibbons, L.Ac., M.S. TCM, Dipl. O.M.
12567 W. Cedar Dr., Ste. 101
Lakewood, CO 80228
(720) 530-8218

Patient Intake Form

Name _____ Date _____

What is your chief complaint?

When did the condition begin? _____

What treatment have you already received?

Medical History:

Surgeries and dates:

What other serious injuries or illnesses have you had?

Do you have any allergies that you know of? _____

Prescription medications and OTC supplements: _____

WOMEN: Gynecological History:

Age of first period _____

Vaginal discharge _____

Length of cycle _____

Length of flow _____

Date of your last period _____

Do you believe you are pregnant? Y N

INDICATE IF YOU HAVE HAD ANY OF THE FOLLOWING AND WHEN:

General

- Chills
- Low energy
- Dizziness
- Allergies
- Fatigue
- Fevers
- Excess thirst
- Insomnia
- Nervousness
- Numbness
- Sweat spontaneously
- Night sweating
- Lack of sweating
- Weight loss
- Weight gain
- Aversion to heat
- Aversion to cold

Head & Neck

- Blurred vision
- Heaviness in the head
- Headache
- Phlegm in throat
- Cataract
- Double vision
- Earache
- Ear discharge
- Eye pain/strain
- Corrected vision
- Nasal obstruction
- Nasal discharge
- Loss of sense of smell
- Hearing loss
- Hoarseness
- Nosebleeds
- Recurrent sore throat
- Red/inflamed eye
- Ringing in ears
- Sinus problems
- Sores on lips
- Sores on tongue
- Taste change
- Teeth problems
- Vision – see halos

Respiratory

- Asthma
- Hay fever
- Persistent cough
- Coughing blood
- Shortness of breath
- Recurrent bronchitis
- Phlegm production

- Difficulty inhaling
- Difficulty exhaling

Cardiovascular

- Chest pain
- High blood pressure
- Low blood pressure
- Irregular heart beat
- Poor circulation
- Swelling of ankles
- Varicose veins
- Hypochondriac pain
- Distention in chest or hypochondrium

Gastrointestinal

- Abdominal pain
- Bloating
- Belching
- Gas
- Constipation
- Diarrhea/loose stools
- Bloody stools
- Black stools
- Difficulty swallowing
- Poor appetite
- Heartburn/reflux
- Hemorrhoids
- Indigestion
- Poor appetite
- Stomachache
- Nausea
- Vomiting
- Vomiting blood

Diet/Lifestyle

- Vegetarian
- Healthy diet
- Eat much fried foods
- Eat much meat
- Smoke cigarettes
- Drink alcohol
- Drink coffee
- Use drugs
- Eat a lot of sweets
- Take melatonin
- Take steroids
- Exercise regularly
- Exercise excessively

Weight

- Underweight
- Normal for height
- Overweight
- Very overweight

Genitourinary

- Dilute urine
- Dark urine
- Blood in urine
- Cloudy urine
- Burning urination
- Scanty urine
- Profuse urine
- Frequent urination
- Poor bladder control
- Urgency to urinate

Musculoskeletal

Pain, weakness, numbness in:

- Arms
- Feet
- Hands
- Joints
- Legs
- Hips
- Neck
- Shoulders
- Pain all over
- Cold limbs
- Knee problems
- Low back pain
- All over weakness
- Lack of strength
- Broken bones

Skin

- Thick skin
- Thin skin
- Broken blood vessels
- Blood not clotting
- Bruise easily
- Discoloration
- Dark circles around eyes
- Bags under eyes
- Lumps in groin
- Lumps underarm
- Dry skin
- Acne
- Brittle nails
- Premature gray hair
- Dry, brittle hair
- Hair falling out

Neurologic

- Fainting
- Convulsions
- Handwriting change
- Paralysis

- Stroke
- Seizures
- Tremor
- Recent clumsiness
- Drowsiness
- Vertigo

Emotional

- Insomnia
- Irritability
- Often feel angry
- Troubling dreams
- Cry uncontrollably
- Feel sad a lot
- Forgetful
- Mind not clear
- Anxiety
- Much fear
- Unrestrained joy
- Terrors
- Difficulty expressing emotions

Men Only

- Genital pain
- Impotence
- Genital sores
- Lump in testicles
- All over weakness
- Penis discharge
- Nocturnal emission
- Low sexual energy

Women Only

- Abnormal pap smear
- Bleed between periods
- Irregular periods
- Heavy periods
- <25 day cycle
- >35 day cycle
- Endometriosis
- Painful periods
- Premenstrual tension
- Breast implants
- Contraceptives
- Sores on genitalia
- Low sexual energy
- Vaginal discharges
- Menopausal
- Uterine prolapse
- Facial hair
- Loss of head hair
- May be pregnant

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COLORADO MANDATORY DISCLOSURE STATEMENT

Education and Experience

Linda M. Gibbons earned her Master of Science degree in Traditional Chinese Medicine from the Colorado School of Traditional Chinese Medicine. This three-year program consists of 2,520 hours of education including 705 hours of clinical practice. She is certified as a Diplomate in Oriental Medicine by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). This includes certification in Clean Needle Technique, Acupuncture, and Chinese Herbology.

Linda's training includes adjunctive therapies such as moxibustion, tui na, cupping, auriculotherapy, electrical stimulation, and dietary and lifestyle recommendations.

Linda also completed a 2-year Western Herbalism and Clinical Herbalism certification program at Rocky Mountain Center for Botanical Studies, Boulder, Colorado, which included 927 hours of study. Linda is currently certified in CPR and First Aid and has a B.S. degree from Colorado State University in Microbiology.

Linda is a member of the Acupuncture Association of Colorado. She is a licensed acupuncturist in Colorado. Her license, certificates, or registrations have never been suspended or revoked.

This clinic complies with the rules and regulations promulgated by the Colorado Department of Health, including the proper cleaning and sterilization of needles and the sanitation of acupuncture offices. Only single-use, disposable, factory-sterilized needles are utilized.

Fee Schedule

Intake Consultation and Treatment	\$80 + cost of herbs
Follow-up Treatment	\$60 + cost of herbs
Herbal Consultation only	\$45

Patient's Rights

- The patient is entitled to receive information about the methods of therapy, the techniques used, and the duration of therapy, if known.
- The patient may seek a second opinion from another healthcare professional or may terminate therapy at any time.
- In a professional relationship, sexual intimacy is never appropriate and should be reported to the Director of the Division of Registrations in the Department of Regulatory Agencies.

The practice of acupuncture is regulated by the Colorado Department of Regulatory Agencies. If you have comments, questions, or complaints, contact the Director, Division of Registrations, Acupuncturists Licensure, 1560 Broadway, Suite 1350, Denver, Colorado 80202. Telephone (303) 894-7800.

I have read and understand this document.

Patient's or Guardian's Signature

Date

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HIPAA CONSENT FORM

I give Sage Mountain Wellness my consent to use or disclose my protected health information to carry out my treatment, to obtain payment from insurance companies, and for health care operations like quality reviews.

I have been informed that I may review the practice's Notice of Privacy Practices before signing this consent.

I understand that this practice has the right to change their privacy practices and that I may obtain any revised notices of the practice.

I understand that I have the right to request a restriction of how my protected health information is used. However, I also understand that the practice is not required to agree to the request. If the practice agrees to my requested restriction, they must follow the restriction(s).

I also understand that I may revoke this consent at any time by making a request in writing, except for information already used or disclosed.

Signature: _____ **Date:** _____
Patient, parent or legal guardian

If signed by patient representative, state relationship to patient _____

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Our Clinic Protects Your Health Information and Privacy

This notice describes our office's policy for how medical information about you may be used and disclosed, how you can get access to this information, and how your privacy is being protected.

In order to maintain the level of service that you expect from our office, we may need to share limited personal medical and financial information with your insurance company, with Worker's Compensation or with other medical practitioners that you authorize.

Safeguards in place at this office include:

- Limited access to facilities where information is stored
- Policies and procedures for handling information
- Requirements for third parties to contractually comply with privacy laws
- All medical files and records are kept on permanent file

Types of information that we gather and use:

In administering your health care, we gather and maintain information that may include non-public personal information:

- About your financial transactions with us
- From your medical history, treatment notes, all test results, and any communication records to or from other health care practitioners
- From health care providers, insurance companies, workman's comp and your employer, and other third party administrators

In certain states, you may be able to access and correct personal information we have collected about you.

We value our relationship, and respect your right to privacy. If you have questions about our privacy guidelines, please call us during regular business hours at (720) 530-8218.