

Integrated Rehabilitation

10340 SE Division St
Portland, OR 97266

P: 503.232.1000 F: 877.575.1360

Acupuncture Patient Information and Consent Form

Nature of Treatment:

Your Treatment may include acupuncture, electro-acupuncture, cupping, acupressure, retained press tacks, retained acupressure seeds, dermal friction (Gua Sha), infra-red (heat Lamps), hot/cold packs, therapeutic exercises and dietary counseling based on the fundamentals of Oriental Medicine.

Purpose of Treatment:

The purpose of the treatment is to resolve your complaint, i.e. the reason you are seeking treatment. Acupuncture is a health care service that is based on an Oriental system of medical theory. Diagnosis and treatment, based on these theories are used to promote health and treat organic or functional disorders.

Benefit of Treatment:

Acupuncture and Oriental Medicine procedures have been used effectively to treat disease for hundreds of years. The World Health Organization lists 43 conditions, which may effectively be treated by Oriental Medical methods. These include muscular-skeletal injuries, digestive disorders, respiratory diseases, women's health issues, etc. We cannot guarantee the outcome of any course of treatment.

Risks of Treatment:

Acupuncture and Oriental Medicine have been shown to be relatively safe. However, these are some uncommon but potential risks. These potential risks may include but are not limited to:

- Discomfort during and after the insertion of a needle
- Dizziness, fainting, nausea
- Localized, minor bruising or swelling
- Possible, temporary aggravation of symptoms that existed prior to treatment
- A broken needle (rare with the use of disposable needles)

Please notify your practitioner if you have any adverse effect from treatment.

Special Situations:

Some acupuncture points are contra-indicated during pregnancy. Please notify us if you might be pregnant. Additionally, please inform us if you have severe bleed disorders or if you are wearing a pacemaker or other electronic medical device.

Consent to Treatment:

I request and consent to the performance of acupuncture and this Oriental Medicine procedure. I understand that I am free to withdraw my consent and that I may stop treatment or any procedure at any time. I understand that my signature in this form indicates that I have read and understand the preceding information regarding my treatment. I understand that if I have any questions about this information, I should ask my acupuncturist. I, hereby release Integrated Rehabilitation from any and all liability that may occur in connection with the above mentioned procedures, except for failure to perform the procedures with appropriate medical care.

Patient's name (Please print) _____ Date _____

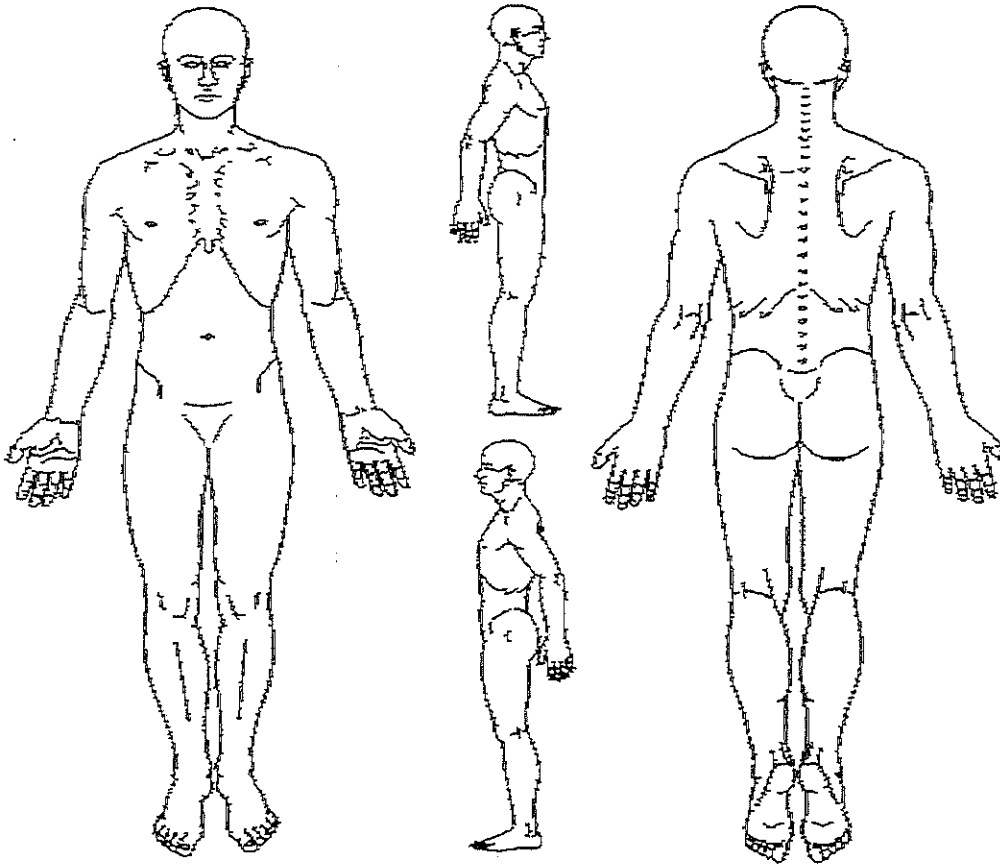
Patient's Signature (or Guardian) _____

THE REVISED OSWESTRY PAIN QUESTIONNAIRE

PATIENT PRINTED NAME _____

PATIENT SIGNATURE _____ DATE _____

On the diagram below, please indicate where you are experiencing **ANY PAIN**, right now.



A = ACHE
P = PINS & NEEDLES

B = BURNING
S = STABBING

N = NUMBNESS
O = OTHER

Integrated Rehabilitation, Inc.
10340 SE Division St
Portland, Or 97266

Provider Signature: _____

Rebecca Herrin, LAc

Date: _____

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Functional Rating Index

In order to properly assess your condition, we must understand how much your General Pain has affected your ability to manage everyday activities. For each item, please **CIRCLE** the number which most closely describes your current condition.

1. Pain Intensity

0 No pain
1 Mild pain
2 Moderate pain
3 Severe pain
4 Worst possible pain

2. Sleeping

0 Perfect sleep
1 Mildly disturbed sleep
2 Moderately disturbed sleep
3 Greatly disturbed sleep
4 Totally disturbed sleep

3. Personal Care (washing, dressing, etc.)

0 No pain; no restrictions
1 Mild pain; no restrictions
2 Moderate pain; need to go slowly
3 Moderate pain; need some assistance
4 Severe pain; need 100% assistance

4. Travel (driving, etc.)

0 No pain on long trips
1 Mild pain on long trips
2 Moderate pain on long trips
3 Moderate pain on short trips
4 Severe pain on short trips

5. Work

0 Can do usual work plus unlimited extra work
1 Can do usual work with no extra work
2 Can do 50% of usual work
3 Can do 25% of usual work
4 Cannot work

Total Score: _____

6. Recreation

0 Can do all activities
1 Can do most activities
2 Can do some activities
3 Can do a few activities
4 Cannot do any activities

7. Frequency of pain

0 No pain
1 Occasional pain; 25% of the day
2 Intermittent pain; 50% of the day
3 Frequent pain; 75% of the day
4 Constant pain; 100% of the day

8. Lifting

0 No heavy weight
1 Increased pain with heavy weight
2 Increased pain with moderate weight
3 Increased pain with light weight
4 Increased pain with any weight

9. Walking

0 No pain; any distance
1 Increased pain after 1 mile
2 Increased pain after 1/2 mile
3 Increased pain after 1/4 mile
4 Increased pain with all walking

10. Standing

0 No pain after several hours
1 Increased pain after several hours
2 Increased pain after 1 hour
3 Increased pain after 1/2 hour
4 Increased pain with any standing

Patient Name: _____ (Printed) _____ Date: _____
 Provider Signature: _____ Date: _____

Patient Signature: _____ Date: _____
 Rebecca Herrin, LAC
 Integrated Rehabilitation, Inc. 10340 SE Division St Portland, Or 97266