

Acupuncture Center of Minneapolis: Essential Acupuncture, Herbs, and Nutrition
Matt Bierschbach, L.Ac

Name: _____ Birthday: _____

Address: _____ City, _____ State: _____

Zip: _____ Referred by: _____ Cell: _____

Phone: _____ E-mail: _____

Welcome to the Acupuncture Center of Minneapolis. Your answers to the following questions will help to determine our goals as partners in a journey toward full health, as well as providing background information.

Section 1: Healing Goals

Please list your top seven goals for healing. In other words, what are your primary concerns, or the aspects of your life that you would like to change. They can be physical or emotional, general or specific, to get an idea for what we will be addressing. Please list in order of importance, number one being most important.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

Section 2: Sickness History

1. Have you had any major surgeries or ever been hospitalized? If yes, when and why?

2. Are you currently on any medications (either prescription or over the counter)? If yes, please list them below.

3. Does your family have a history of any serious health concerns? If yes, please list them below.

Section 3: Nutrition and Lifestyle

1. Please indicate if you participate in the following activities, and how frequent:

exercise Yes / No _____

smoking cigarettes Yes / No _____

drinking soda Yes / No _____

chewing gum Yes / No _____

drinking coffee Yes / No _____

2. Please list any vitamins, protein shakes, or other forms of supplements that you have taken in the last 3 months.

3. Please describe a typical day of eating.

Breakfast: _____

Lunch: _____

Snacks: _____

Dinner: _____

Snacks / Desserts: _____

4. What are your 3 favorite activities in life? _____

5. Who or what are your top 3 priorities? _____

6. For women only:

Date of most recent menstrual flow _____, typical length of flow ____ days, typical cycle length ____ days. Are there clots? Yes / No. Are you pregnant? Yes / No

Acupuncture Center of Minneapolis
Matthew J. Bierschbach, L.Ac

Name: _____

Welcome to the Acupuncture Center of Minneapolis. This paper informs you of my credentials, the scope of practice for Traditional Chinese Medicine (TCM), and the potential side effects of treatment.

I am a graduate of the American College of Traditional Chinese Medicine, where I received a Masters in Traditional Chinese Medicine after four years of study. Along with the formal education, I apprenticed with teachers outside of school. I am nationally certified in acupuncture and herbology, and am currently licensed to practice in Minnesota and California.

The treatment techniques for TCM include: acupuncture, herbs, tui na, cupping, gua sha, nutritional counseling, electrical stimulation, qi gong, and exercise therapy.

TCM therapies are very safe. Infrequent minor side effects may include temporary slight pain and minor bruising or bleeding, and a very small chance of infection. Relaxation and a general sense of wellness and balance are the most common side effects.

My needles are single-use, sterile, and disposable.

All of your medical and personal information is kept confidential.

24 Hour Notice Policy

Please provide notice at least 24 hours before your scheduled appointment if you need to make any changes. After this period, you are responsible for the cost of the session.

Statement of Consent

I have read and understand Mr. Bierschbach's credentials, the scope of practice, and potential side effects, and I consent to having acupuncture treatment.

Signature: _____

Date: _____