

The Chi Farm



Acupuncture Clinic, Publications and Seminars

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Hello and welcome to The Chi Farm:

I want to personally thank you for including me in your healthcare team and I am looking forward to helping you achieve the state of wellness you deserve. You are a unique individual and deserve to have your acupuncture treatments and nutritional advice tailored to your individual needs.

Acupuncture treatments at The Chi Farm can help you attain relief from physical and emotional pain; reproductive, digestive and respiratory disorders; learning and behavioral disorders; or addictions and mental health issues while at the same time offering relief from the feelings of stress and providing a general sense of well being. Treatments can also serve as an adjunct to physical, occupational and behavioral health therapies.

In addition to acupuncture treatment I also offer nutritional counseling as part of the overall whole-person health practice here at The Chi Farm. I have found through years of practice that the root cause of many physical, emotional and spiritual maladies can be linked to nutritional deficiencies. As part of your overall wellness program, I many recommend whole-food supplements and herbs to speed your healing.

Before coming in for your first appointment I request that you complete the following forms and bring them to you. These form can be filled out on your computer, saved and printed out (savable PDFs). With the information you provide on these forms, we can look not only at the big-ticket items for which you scheduled an appointment by also all the other symptoms that make up the whole picture of your wellness level.

Plan on being here about 1 1/2-2 hours for your first appointment and about an hour for follow-up appointments. Generally I will want to see you once per week for the first 3 – 6 weeks. Continued wellness care is recommended after the initial phase.

Please feel free to call or email with any questions and once again thank you for scheduling an appointment at The Chi Farm.

Sincerely,

David R Wurzel, PE, MAC, LAC

Proprietor

The Chi Farm

Acupuncture Clinic



David R Wurzel, PE, MAc, Lac

Name _____

Date _____

1. Health History: Have you ever been diagnosed with any of the following?

Tension Headaches	Coronary Disorder or Heart Attack	High Blood Pressure
Migraine Headaches	Lung or Respiratory Disorder	Low Blood Pressure
TMJ Disorder	Liver Disease or Hepatitis	Stroke
Back Pain or Sciatica	Urinary or Bladder Infection	Seizures or Epilepsy
Chest Pain or Angina Pain	Kidney Disorder or Kidney Stones	Concussion
Abdominal Pain	Gall Bladder Disorder or Gall Stones	Cancer or Tumors
Pelvic or Genital Pain	Spleen or Lymphatic Disorder	HIV+ or AIDS
Rheumatoid Arthritis	Gastric or Peptic Ulcer	Multiple Sclerosis
Osteoarthritis	Irritable Bowel Syndrome or Colitis	Polio or Mononucleosis
Fibromyalgia	Diabetes Mellitus	Allergies or Hayfever
Chronic Fatigue Syndrome	Hypoglycemia	Asthma or Bronchitis
Bone Fracture/Joint Sprain	Thyroid Disorder	Tuberculosis
Muscle Spasm or Tremor	Dysmenorrhea (Painful Menstruation)	Pneumonia
Carpal Tunnel Syndrome	Pre-Menstrual Syndrome	Attention Deficit Disorder
Tennis Elbow	Prostate or Vaginal Disorder	Obsessive-Compulsive
Frozen Shoulder	Skin Disorder, Eczema, Psoriasis	Panic Attacks or Phobias
Peripheral Neuropathy	Raynaud's Disease	Major Depression
Shingles (Herpes Zoster)	Deafness or Tinnitus	Schizophrenia

2. Accidents: Have you ever been injured in any of the following types of accidents?

Automobile Accident	Work Related Accident	Accident at Home
Athletic Injury	Surgical Complication	Other Accident

3. Current Conditions: In the past year, have you noticeably experienced any of the following?

Pain in Legs or Feet	Large Weight Gain or Weight Loss	Sinus Congestion
Pain in Arms, Wrist, Hands	Overeating or Binge Eating	Colds, Flu or Chills
Cold Hands or Cold Feet	Undereating or Poor Appetite	Sore Throats
Swollen Ankles or Feet	Craving for Sweets or Chocolate	Nausea or Vomiting
Stiff, Aching Joints	Craving for Drugs or Alcohol	Diarrhea
Neck or Shoulder Tension	Dissatisfaction with Job	Constipation
Grinding Your Teeth	Bored or Uninterested in Things	Blurred Vision
Rapid Heart Beat	Loneliness or Lack of Affection	Lethargy, Fatigue
Excessive Sweating	Sex Life Not Satisfying	Difficulty Sleeping
Hyperventilation	Thoughts of Killing Yourself	Disturbing Dreams
Dizziness or Fainting	Worried About Finances	Relationship Problems

4. Substances or Medications: In the past several months, did you regularly take any of these?

Cigarettes or Cigars	Aspirin or Tylenol	Sleeping Pills
Several Cups of Coffee/Day	Prescribed Pain Reliever Medication	Anti-Anxiety Pills
Glass of Beer or Wine	Recreational Drugs/Marijuana	Anti-Depressant Pills
Liquor or Mixed Drinks	Several Cans of Soda/Day	Blood Pressure Pills

5. Please list anything else I'd need to know to better serve you:

Nutritional Supplement Needs Analysis: Symptom Survey – Page 2

GROUP FIVE

1 2 3	1 2 3	1 2 3
73 Dizziness	83 Feeling queasy; headache	91 Sneezing attacks
74 Dry skin	over eyes	92 Dreaming, nightmare type bad dreams
75 Burning feet	84 Greasy foods upset	93 Bad breath (halitosis)
76 Blurred vision	85 Stools light colored	94 Milk products cause distress
77 Itching skin and feet	86 Skin peels on foot soles	95 Sensitive to hot weather
78 Excessive falling hair	87 Pain between shoulder blades	96 Burning or itching anus
79 Frequent skin rashes	88 Use laxatives	97 Crave sweets
80 Bitter, metallic taste in mouth in mornings	89 Stools alternate from soft to watery	
81 Bowel movements painful or difficult	90 History of gallbladder attacks or gallstones	
82 Worrier, feels insecure		

GROUP SIX

1 2 3	1 2 3	1 2 3
98 Loss of taste for meat	101 Coated tongue	104 Mucous colitis or "irritable bowel"
99 Lower bowel gas several hours after eating	102 Pass large amounts of foul-smelling gas	105 Gas shortly after eating
100 Burning stomach sensations, eating relieves	103 Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs.	106 Stomach "bloating" after eating

GROUP SEVEN

1 2 3	1 2 3	1 2 3
(A)	(C)	(E)
107 Insomnia	137 Failing memory	150 Dizziness
108 Nervousness	138 Low blood pressure	151 Headaches
109 Can't gain weight	139 Increased sex drive	152 Hot flashes
110 Intolerance to heat	140 Headaches, "splitting or rending" type	153 Increased blood pressure
111 Highly emotional	141 Decreased sugar tolerance	154 Hair growth on face or body (female)
112 Flush easily		155 Sugar in urine (not diabetes)
113 Night sweats		156 Masculine tendencies (female)
114 Thin, moist skin	(D)	
115 Inward trembling	142 Abnormal thirst	(F)
116 Heart palpitates	143 Bloating of abdomen	157 Weakness, dizziness
117 Increased appetite without weight gain	144 Weight gain around hips or waist	158 Chronic fatigue
118 Pulse fast at rest	145 Sex drive reduced or lacking	159 Low blood pressure
119 Eyelids and face twitch	146 Tendency to ulcers, colitis	160 Nails weak, ridged
120 Irritable and restless	147 Increased sugar tolerance	161 Tendency to hives
121 Can't work under pressure	148 Women: menstrual disorders	162 Arthritic tendencies
(B)	149 Young girls: lack of menstrual function	163 Perspiration increase
122 Increase in weight		164 Bowel disorders
123 Decrease in appetite		165 Poor circulation
124 Fatigue easily		166 Swollen ankles
125 Ringing in ears		167 Crave salt
126 Sleepy during day		168 Brown spots or bronzing of skin
127 Sensitive to cold		169 Allergies - tendency to asthma
128 Dry or scaly skin		170 Weakness after colds, influenza
129 Constipation		171 Exhaustion - muscular and nervous
130 Mental sluggishness		172 Respiratory disorders
131 Hair coarse, falls out		
132 Headaches upon arising, wear off during day		
133 Slow pulse, below 65		
134 Frequency of urination		
135 Impaired hearing		
136 Reduced initiative		

Nutritional Supplement Needs Analysis: Symptom Survey – Page 3

GROUP EIGHT

173	Apprehension	183	Noise sensitivity	193	Insomnia
174	Irritability	184	Acoustic hallucinations	194	Anxiety
175	Morbid fears	185	Tendency to cry without reason	195	Anorexia
176	Never seems to get well	186	Hair is coarse and/or thinning	196	Inability to concentrate; confusion
177	Forgetfulness	187	Weakness	197	Frequent stuffy nose; sinus infections
178	Indigestion	188	Fatigue	198	Allergy to some foods
179	Poor appetite	189	Skin sensitive to touch	199	Loose joints
180	Craving for sweets	190	Tendency toward hives		
181	Muscular soreness	191	Nervousness		
182	Depression; feelings of dread	192	Headache		

FEMALE ONLY

200	Very easily fatigued	206	Menstruate too frequently
201	Premenstrual tension	207	Vaginal discharge
202	Painful menses	208	Hysterectomy/ovaries removed
203	Depressed feelings before menstruation	209	Menopausal hot flashes
204	Menstruation excessive and prolonged	210	Menses scanty or missed
205	Painful breasts	211	Acne, worse at menses
		212	Depression of long standing

MALE ONLY

213	Prostate trouble
214	Urination difficult or dribbling
215	Night urination frequent
216	Depression
217	Pain on inside of legs or heels
218	Feeling of incomplete bowel evacuation
219	Lack of energy
220	Migrating aches and pains
221	Tire too easily
222	Avoids activity
223	Leg nervousness at night
224	Diminished sex drive

IMPORTANT

Please list the five main complaints you have in the order of their importance:

1. _____
2. _____
3. _____
4. _____
5. _____



Patient Consent and Agreement

Voluntary

I hereby voluntarily consent to be treated by acupuncture. The procedures involved in this treatment have been explained to me. I understand I may be treated with needles and/or with the application of heat and/or vacuum to the skin.

I have not been guaranteed any success concerning the uses and effects of acupuncture. I understand I am free to discontinue treatment at any time.

Possible Side Effects/Healing Reactions

I understand that acupuncture may result in certain side effects, including local bruising, slight bleeding, fainting, temporary pain and discomfort, and temporary aggravation of symptoms that existed prior to treatment. Conventional medical therapy also may be indicated, either in response to an emergency or as deemed necessary at the discretion of a licensed physician.

Medical Referral

I understand if there is a worsening of my ailment or condition, or if it does not improve within the time estimated by David Wurzel at the beginning of treatment, or if a new ailment or condition arises, that I should consult a licensed physician. I also understand that if I am currently under a physician's care I should continue as long as my physician and I deem it necessary and that David Wurzel does not recommend altering medications or other therapies without first consulting my personal physician or provider.

I further understand that if I have not had a physical exam performed in the last year that it is recommended I have one as soon as possible.

Infectious Disease/Clean Needle Procedures

I understand that there is infectious disease carried through the air, through physical contact, and through body fluids. I understand David Wurzel follows universally prescribed precautions to guard against the spread of infection.

In the case of airborne infectious disease, such as colds and influenza, I understand that practitioners and clinicians are urged not to see patients until they are well.

In the case of infectious disease spread by physical contact, such as smallpox, I understand that clinicians and practitioners wash their hands before seeing each new patient to guard against contagion by contact.

In the case of blood-borne infections, such as hepatitis or HIV, I understand David Wurzel follows strict precautions and uses only sterilized, prepackaged, disposable needles. Needles that are used for my treatment are used only on me, and are inserted according to clean procedures based on nationally prescribed standards.

I understand that my questions about the safety of acupuncture and the precautions take by David Wurzel are most welcome and will be answered as fully as possible.

Treatment Fees and Payment

The Chi Farm accepts insurance when applicable and also has a sliding fee scale for those who do not have insurance coverage. Normal reasonable and customary fees are \$100 for the first session and \$70 for each subsequent appointment unless other arrangements have been made. I agree to pay all co-pays, co-insurance and/or treatment fees at the time of service. I further understand that I may be charged \$25 for any missed appointments that I did not cancel at least 24 hours prior unless an emergency arises.

Patient Name (Printed)

Patient/Guardian Signature

Date