

In Balance Health, LLC 305 West Grand Ave. Montvale, NJ 07645

Patient Intake Form

Last Name: _____ First Name: _____ Sex: M F

Address: _____

City: _____ State: _____ Zip Code: _____

SS #: _____ DOB: ____/____/____ Age: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

E-mail Address: _____

Marital Status: M S D W Number of Children: _____

Spouse's Name (Parent if minor): _____

How were you referred to our office? Dr. _____ Advertisement: _____

Friend/Co-Worker: _____ Other: _____

Chief Complaint of Visit: _____

Primary Physician: _____ Chiropractor: _____

Insurance Information: (please bring card up to front desk)

Primary Cardholder Name: _____ DOB: ____/____/____

Employer: _____ SS #: _____

Secondary Insurance Co. Name: _____

Secondary Card Holder SS #: _____ DOB: ____/____/____

Pregnancy Release: This is to certify that to the best of my knowledge I am not pregnant and the doctor and his associates have my permission to perform x-rays (if needed). I have been advised that an x-ray can be harmful to an unborn child.

Date of last menstrual cycle: ____/____/____ Initials: _____

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize the above named agency to release any treatment information requested by attorneys, physicians, insurance companies, employers or any other entity which may be concerned with the payment of charges incurred for the treatment services of the physician.

X _____ Date ____/____/____

ASSIGNMENT OF INSURANCE BENEFITS: I hereby do authorize payment directly to the physician. I am responsible for payment of all non-covered services rendered by the physician. I authorize doctor to initiate a complaint to Insurance Commissioner or my health care provider for any reason on my behalf.

X _____ Date ____/____/____

Rick Lambert, MD

Acupuncture

305 W. Grand Ave, Suite 500

Montvale, NJ 07645

(201) 326 - 4788

Dear Patient:

Enclosed please find a history form, a general information form, and a consent form. Please read and sign these pages and bring them with you for your first visit.

Please note the following:

- 1.) It is recommended, but certainly not required, that you discuss with your primary care and/or treating physician the role of acupuncture as an adjunct to your conventional treatment. As a physician, I understand that physicians vary in their acceptance of acupuncture and other complementary modalities; however, it is best to be open about your treatment and keep all of your physicians aware of what and how you are doing.
- 2.) Bring the following information with you on your first visit:
 - a. Copies of your medical records (if pertinent to your present condition)
 - b. A list of prescription medicines you are currently taking
 - c. Medical reports of any x-rays/MRIs/CT scans (NOT actual films)
- 3.) Inform me if you are pregnant, have a pacemaker, suffer from a bleeding disorder, or are currently taking any anti-coagulant medicines ("blood thinners").
- 4.) You should allow 1 hour for the initial visit, and 30 minutes for each subsequent visit. Acupuncture requires approximately 20 minutes, plus 5-10 minutes resting time after each treatment.

- 5.) It is recommended that you abstain from the following activities for several hours after each treatment:
 - a. Exercise or vigorous activities
 - b. Alcohol
 - c. Sex
 - d. Heavy foods/meals
- 6.) During the course of your acupuncture treatments, should your medical condition warrant urgent medical attention, please call your primary or treating physician. Please remember we cannot serve as your primary care or conventional treating physician.

If you have any questions or concerns, please do not hesitate to contact me at 201-326-4788.

In-Balance Health, LLC
305 West Grand Avenue
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201-326-4788

Name: _____ Date of Birth: _____ Today's Date: _____

Reason for visit today (ie. low back pain): _____

Height: _____ Weight: _____ Are you pregnant?: _____

Have a pacemaker? _____ Taking blood thinners?: _____

How long have you had this condition: _____

When did this current pain begin?: _____

Is this a result of an injury or accident? If so please explain (and give date): _____

What makes your pain better? (ie. rest, massage, relaxation, chiropractic, etc): _____

What makes your pain worse? (ie. stress, lifting, bending, sitting, standing, etc): _____

Rate the intensity of your pain on a scale of 1 out of 10: presently_____, at it's best_____, at it's worst_____. (0=no pain, 10=worst possible pain).

Do you experience any of the following? Please check all that apply:

[] radiation of the pain, to where: _____

[] weakness, of which body part(s): _____

[] numbness/tingling, of which body part(s): _____

Have you had any prior treatment for this condition? If so, when and for approximately how long?
Please check all that apply:

[] chiropractic care: _____

[] physical therapy: _____

[] injection therapy: _____

[] surgery: _____

[] acupuncture: _____

other therapy: _____

What therapy(ies), if any, has helped your condition? _____

Does your pain affect any of your daily activities? Please list (ie. chores, work, ability to exercise, care for children, lift, bend, etc): _____

Other than the symptoms associated with the present pain, please check all of the following applicable to you:

fever weight loss fatigue congestion headaches visual problems sore throat chest pain calf pain with walking palpitations cough shortness of breath abdominal pain nausea/vomiting diarrhea constipation bleeding burning with urination blood in the urine urinary complaints joint pain stiffness joint swelling localized weakness memory loss numbness emotional stress depression anxiety.

Past medical history: diabetes, high blood pressure asthma high cholesterol

heart problems: _____ Other: _____

Past surgeries? Spinal surgery? (approximate dates): _____

Any hospitalizations? (approximate date): _____

Are you presently on any medications? (list): _____

Do you have any allergies to medications? (list): _____

Family history: diabetes high blood pressure heart problems: _____

cancer (what type): _____

Social history: smoking, how many packs per day ____ alcohol drugs caffeine

Occupation: _____

Work Status (circle one): employed / unemployed / disability (temporary / permanent / partial / total) / retired

Family: married / single / widowed / divorced / separated, ____ children.

Rick Lambert, MD

201-326-4788

General Information on Acupuncture

It is quite common these days to hear about people who turn to acupuncture as a last resort to find relief from a chronic nagging health problem.

Supporters of acupuncture claim that this remedy is more accessible, safer and less expensive than conventional therapies and provides a surgery free approach to alleviating suffering related to chronic health problems.

Of the several unconventional therapies being practiced in the United States, acupuncture appears to be growing at a rapid rate. The FDA estimates that 9-12 million acupuncture treatments are now being performed annually by United States practitioners. Those suffering from pain, back problems, anxiety, depression, drug addictions, neurological disorders, headaches, insomnia, arthritis, cancer and other pain producing entities are among those most likely to seek such help.

Acupuncture, developed by the Chinese, is performed by stimulating designated points on the body. This is done through the insertion of needles, finger pressure, application of heat, or a combination of these treatments. According to the Chinese, there is a network of energy that flows through the body and connects these points through different channels called "meridians". These channels are related to specific internal functions. Any imbalance in the flow of energy creates a disease process, and the application of acupuncture can correct this imbalance. Many physician scientists have shown that acupuncture treatments can cause the release of endorphins, natural pain relieving substances found in the brain and spinal cord. This may explain how acupuncture is helpful in relieving pain.

The practice of acupuncture involves making a diagnosis based on review of symptoms, personal characteristics and attributes, and examination of the tongue, pulse and other systems. Patients must remain under the care of their treating physicians, and continue medicines as directed by them.

Acupuncture is done with extremely thin flexible needles made of silver and steel alloy. There is nothing special about the needle; it is merely tool to correct the energy imbalance in

the body. There is often a brief "needle prick" sensation as the needle passes through the skin. As the needle begins to work and the energy effect occurs, one may feel numbness, heat, dull aching or tingling where the needle is located. The needles are left in place usually for about 15 to 20 minutes. They may be rotated by the doctor or sometimes stimulated electronically. Side effects due to acupuncture are rare. Most side effects are minor and may include occasional dizziness, usually after the first treatment, and slight bleeding after the needles are withdrawn. Infection at the site of the needle prick and other side effects are very rare.

It is not being suggested that acupuncture and other techniques are a cure all for all problems, but there is sufficient evidence that if appropriately used, this growing art of medicine can successfully complement conventional medicine so as to provide patients the best health care that is available.

Rick Lambert, MD

305 W. Grand Ave Suite 500
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CONSENT FORM FOR ACUPUNCTURE

Acupuncture is an art of healing involving the stimulation of specific points on the body to relieve pain or provide symptomatic assistance. The stimulation may be produced by needles, heat, digital pressure and electric currents, etc., but most frequently in the form of needling. In rare instances, patients may experience certain side effects or untoward reactions including fainting, bleeding, pneumothorax, puncturing of viscera, broken needles and other hazards associated with the treatment procedure.

Potential contraindications for acupuncture may include a history of a bleeding disorder or current anticoagulant therapy, implanted pacemaker, prosthetic valve or pregnancy. I will inform my physician acupuncturist if any of these conditions exist.

I am also aware that acupuncture may mask an underlying condition or retard a more exact diagnosis where alternative therapy may be known to be indicated. I understand that I must continue to remain under the care of my primary care physician or specialist physician for the current medical problem(s).

Certain medications or social habits are known to lessen the potential result of acupuncture and these include: alcohol, tobacco, steroids, and narcotics. I have informed my physician acupuncturist of any substances included in this list.

The undersigned understands the hazards and potential damages involved in treatment by means of acupuncture. The nature and consequences of the above treatment have been fully explained, and the undersigned is convinced that the treatment is in their best interest, but that no guarantee of results has been made.

I understand that it usually requires a series of treatments to significantly change my condition. It has been explained to me that a minimum of 4-5 treatments are often needed to see a change, and that usually a minimum of 10 treatments are needed to see significant results. I have read the letters sent to me, discussed the charges, and have made payment arrangements to complete the series of treatments.

Patient Signature

Date