Center for
Natural Medicine, Inc.

Daniel J. Young ND, LAc

16844 Easy St. Eagle River, AK 99577
Phone: 907-694-5522 Fax: 907-694-5524

GENITOURINARY

- ☐ Urinating frequently
- ☐ Urinary urgency
- ☐ Incontinence
- ☐ Trouble starting urine stream
- ☐ Frequent nighttime urination
- ☐ Unable to empty bladder
- ☐ Blood in urine
- ☐ Frequent urinary infections
- ☐ Missed periods
- ☐ None

MUSCULOSKELETAL

- ☐ Joint pain
- ☐ Joint swelling
- ☐ Stiffness in joints
- ☐ Muscle pain/aches
- ☐ Muscle weakness
- ☐ Muscle cramps
- ☐ Back pain
- ☐ Neck pain
- ☐ Pain down legs/arms
- ☐ None

NEUROLOGICAL

- ☐ Headaches
- ☐ Migraines
- ☐ Dizziness or vertigo
- ☐ Tremors
- ☐ Numbness or tingling
- ☐ Poor balance
- ☐ Falling or stumbling
- ☐ Poor concentration
- ☐ Memory loss
- ☐ Poor coordination
- ☐ Weakness on one side
- ☐ Garbled or inappropriate speech
- ☐ None

PSYCHIATRIC

- ☐ Crying or sadness
- ☐ Feeling depressed
- ☐ Thoughts of suicide
- ☐ Panic attacks
- ☐ Anxiety spells
- ☐ Mood swings
- ☐ None

ENDOCRINE

- ☐ Excessive thirst
- ☐ Excessive eating
- ☐ Excessive urination
- ☐ Intolerance to cold
- ☐ Intolerance to heat
- ☐ Excessive sweating
- ☐ Pain or swelling in front of neck
- ☐ High cholesterol
- ☐ None

HEMATOLOGICAL/ONOCOLOGICAL

- ☐ Easy bruising
- ☐ Excessive bleeding
- ☐ Excessive/inappropriate clotting
- ☐ Pain or swelling behind calf
- ☐ Enlarged lymph nodes
- ☐ Recent diagnoses/recurrence of cancer
- ☐ None

Center for
Natural Medicine, Inc.

Daniel J. Young ND, LAc

16844 Easy St. Eagle River, AK 99577
Phone: 907-694-5522 Fax: 907-694-5524

ALLERGIC/IMMUNOLOGICAL
INFECTIONS

- ☐ Frequent colds
- ☐ Exposure to hepatitis
- ☐ Food allergies
- ☐ Persistent infections
- ☐ Using steroids or immune suppressing drugs
- ☐ None
- ☐ Exposure to HIV/AIDS
- ☐ Seasonal allergies

Do you have any other symptoms not listed?

____
____
____

FAMILY HEALTH HISTORY

List all known major illnesses, diseases, cancers, addictions, age and cause of death if deceased:

Mother and her parents:

____
____
____

Father and his parents:

____
____
____

Sibling(s):

____
____

Children:

____
____

Center for Natural Medicine, Inc.

Daniel J. Young ND, LAc

16844 Easy St. Eagle River, AK 99577
Phone: 907-694-5522 Fax: 907-694-5524

ALLERGIES

TYPE	NAME	REACTION
Medication		
Food		
Environmental		

______ No known drug allergies

MEDICATIONS

Please list all medications and supplements you are taking including prescriptions, over the counter medications, vitamins, minerals, herbs, and homeopathic remedies.

Name of Medication/Supplement	Strength	Dosage
Example: Vitamin D	5,000 IU	Take 1 capsule 1x day

SURGICAL HISTORY

Please list any surgeries or hospital stays you have had and the approximate date/year:

Type of surgery/reason for hospitalization: Date:

____ ______________________________

____ ______________________________

____ ______________________________

____ ______________________________

Center for
Natural Medicine, Inc.

Daniel J. Young ND, LAc

16844 Easy St. Eagle River, AK 99577
Phone: 907-694-5522 Fax: 907-694-5524

MEDICAL CARE

Where did you last receive medical care? ____

For what reason? ____

Date of last physical:	Date of last lab work:
Date of last EKG:	Date of last tetanus shot:
Date of last TB Test:	Date of last chest x-ray:
Date of last rectal exam:	

WOMEN:

☐ Pain before period	☐ Pain during period
☐ Irregular cycles (not monthly)	☐ Short cycles (less than 28 days)
☐ Long cycles (over 32 days)	☐ Emotional before periods
☐ Fibroids	☐ Ovarian cysts/pain with ovulation
☐ Vaginal discharge, odor, or itching	☐ Frequent yeast infections
☐ Heavy periods/large clots	☐ Painful, tender, swollen, lumps in breasts
☐ Nipple discharge or lactation concerns	☐ Fertility concerns/difficulty conceiving
☐ Currently pregnant	☐ Menopausal hot flashes
☐ Pain with intercourse	☐ Miscarriage

Age of first period:	First day of LMP:	Number of pregnancies:
Number of live births:	Number of children living with you:	Birth control method:
Date of last pap:	Date of last mammography:	Date of last bone densitometry:

MEN

Date of last prostate exam:	Have you had a vasectomy? Yes No

______________________________________ ____________________

Patient Signature Date

______________________________________ ____________________

Provider Signature Date

Center for
Natural Medicine, Inc.

Daniel J. Young ND, LAc

16844 Easy St. Eagle River, AK 99577
Phone: 907-694-5522 Fax: 907-694-5524

CONSENT FOR TREATMENT

General Information: Due to the diversity of modalities offered at the Center for Natural Medicine, Inc., your treatment may include any or all the following general modalities: Acupuncture and Oriental Medicine, Naturopathic Medicine, Physical Medicine, Homeopathy, Psychological Counseling and Nutritional Counseling.

Methods, Procedures and Therapeutic Approaches: Clinicians may perform any of the following procedures as necessary to give proper assessments, determine treatment approaches, treat or otherwise address your health concerns.

General Diagnostic Procedures (including but not limited to venipuncture, pap smears, radiography, and blood and urine lab work, general physical exams, neurological and musculoskeletal assessments).

Psychological Counseling; Lifestyle Counseling; Exercise Prescriptions

Acupuncture: Insertion of special sterilized needles at specific points on the body. Electroacupuncture: Using small amounts of electricity to stimulate specific acupuncture points.

Acupressure: Traditional Chinese medical massage and manual therapy.

Infrared Heat: Applying heat generated by an infrared lamp over a specific area of the body.

Dermal-friction Technique: Friction is applied topically to the skin using a smooth object to relieve symptoms.

Cupping: Glass cups are placed on the skin with a vacuum created by heat or suction device.

Dietary Advice: Suggestions for nutrition and herbal food products.

Liniments, Oils, Plasters: Herbal formulas applied topically to the skin.

Moxa: A soft woolly mass prepared from ground young leaves, typically in the form of sticks or cones which are ignited and placed on or close to the skin or used to heat acupuncture needles.

Topical Treatments and Prepping (includes cupping --a technique using glass cups on the surface of the skin with usually a heat-created vacuum; and Gua Sha--rubbing on an area of the body with a blunt, round instrument)

Herbs/Natural Medicines (prescribing of various therapeutic substance including plants, minerals and animal materials. Substances may be given in the form of teas, pills, powders, tinctures—may contain alcohol; topical cremes, pastes, plasters washes; suppositories or other forms. Homeopathic remedies, often highly dilute quantities of naturally occurring substance, may also be used.)

Dietary Advice and Therapeutic Nutrition (use of foods, diet plans or nutritional supplements for treatment—may include intramuscular vitamin injections).

Soft Tissue and Osseous Manipulation (use of massage, neuro-muscular techniques, muscle energy stretching or visceral manipulation, as well as manipulations of the extremities and spine including traction and craniosacral therapy)

Electromagnetic and Thermal Therapies (includes the use of ultrasound, low and high volt electrical muscle stimulation, transcutaneous electrical stimulation, microcurrent stimulation, diathermy, and infrared and ultraviolet therapies or moxa—warming or indirect burning of an acupuncture point and hydrotherapies.)

Daniel J. Young ND, LAc

16844 Easy St. Eagle River, AK 99577
Phone: 907-694-5522 Fax: 907-694-5524

Potential Risks These include, but are not limited to pain, discomfort, blistering, bruising, discolorations, infection, burns, dizziness, loss of consciousness or deep tissue injury from needle insertions, topical procedures, heat or frictional therapies, electromagnetic- and hydrotherapies; broken needle; allergic reactions to prescribed herbs or supplements; soft tissue or bone injury from physical manipulations; and aggravation of pre-existing symptoms., possible aggravation of symptoms existing prior to the acupuncture treatment, and dizziness or fainting. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage, and organ puncture, including lung puncture (pneumothorax).

Patients with bleeding disorders or pacemakers as well as pregnant patients should inform the practitioner prior to receiving treatment

Potential benefits: Restoration of health and the body's maximal functional capacity, relief of pain and symptoms of disease, assistance in injury and disease recovery, and prevention of disease or its progression.

Notice to Pregnant Women: All female patients must alert the doctor if they know or suspect that they are pregnant, since some of the therapies used could present a risk to the pregnancy. We do not use labor-stimulating acupuncture points or any labor-inducing substances unless the treatment is specifically for the induction of labor. A treatment intended to induce labor requires a letter from a primary care provider authorizing or recommending such a treatment.

I understand that I may ask questions regarding my treatment before signing this form and that I am free to withdraw my consent and to discontinue participation in these procedures at any time. With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Center for Natural Medicine, Inc., or any of its personnel regarding cure or improvement of my condition. I hereby release Center for Natural Medicine, Inc. from all liability, which may occur in connection with the above-mentioned procedures, except for failure to perform the procedures with appropriate medical care. I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by my representative or me or otherwise permitted or required by law.

Patient Name: ____________________________________ Relationship to Patient: ________________

Signature: _______________________________________ Date: ______________________________

Daniel J. Young ND, LAc

16844 Easy St. Eagle River, AK 99577
Phone: 907-694-5522 Fax: 907-694-5524

NOTICE OF PRIVACY PRACTICES

I consent to the use of disclosure of my identifiable health information by the Center for Natural Medicine, for the purpose of diagnosis or providing treatment to, obtaining payment for my health care bills or to conduct health care operations. I understand that my diagnosis or treatment by the practitioners at Center for Natural Medicine may be conditioned upon my consent as by my signature on this document.

Practitioner means a Naturopathic Doctor, Acupuncturist, or other health care worker employed by or under contract with the Center for Natural Medicine.

Patient means any person seeking health care advice and/or treatment of a practitioner at the Center for Natural Medicine, through consultation by phone or in person.

My identifiable health information means information collected from me and created or received by my practitioner, another health care provider, a health plan, any my employer. This identifiable health information results to my past, present, or future, physical or mental health condition and identifies me, or there is a reasonable basis to believe that the information may identify me.

I understand that I have the right to request a restriction as to how my health care information is used or disclosed to carry out treatment, payment, or health care operations of the practice. Center for Natural Medicine is not required to agree to the restrictions that I may request. However, if the Center for Natural Medicine agrees to a restriction that I request, the restriction is binding on the Center for Natural Medicine.

I have the right to revoke this consent, in writing, at any time except to the extent the Center for Natural Medicine has acted in reliance of the consent.

I understand that I have the right to review the Center for Natural Medicine, Inc. Notice of Privacy Practices prior to signing this document. This notice describes the types of uses and disclosures of my identifiable health information that will occur in my treatment, payment of my bills, or in the performance of health care operation of Center for Natural Medicine, Inc.

Center for Natural Medicine, Inc. reserves the right to change information contained in the Notice of Privacy Practices at any time. I may obtain a revised Notice of Privacy Practices at any time by requesting the most current notice in writing or in person at the time of my office visit. By my signature below I acknowledge receipt of the Notice of Privacy Practices.

Patient Name: ______________________________________ Relationship to Patient: ________________

Signature: ____ Date: ________________________________