



Acupuncture & Eastern Medicine

with Dr. Michelle Bilodeau of Hilltop Eastern Medicine

Name: _____

Today is: ____/____/____

Date of Birth: ____/____/____

Age: ____

Biological Sex: M / F

Gender Identity / Pronouns: _____

Marital status: S M / P D W

Address: _____

Phone: (cell) _____

(work) _____

(home) _____

Email: _____

What has brought you in for treatment today? _____

What other treatments -- if any -- have you sought?

What are your hopes / goals for pursuing acupuncture treatment? _____

Please list any current medications AND supplements (including herbal). _____

Do you have any reason to believe you may be pregnant? Y N If yes, how far along? _____

Do you have any infectious diseases? Y N If yes, please specify: _____

Any other specifics you would like to touch upon? _____

INFORMATIONAL:

Dr. Michelle M. Bilodeau, DAOM, L.Ac. holds the following qualifications in the practice of acupuncture:

- A.) Doctor of Acupuncture and Oriental (Eastern) Medicine degree
- B.) Washington state license to practice acupuncture (AC60219265)

Acupuncture treatment at Oly Float is based upon standardized treatments that have been shown through evidence-informed practice to implement certain health benefits. If you are in need of more tailored, specific, or in-depth care, please note, Dr. Bilodeau may make such a suggestion and is available off-site to provide a more thorough examination of your case presentation (insurance billing applicable). If you feel you are in need of additional support, please let her know.

In addition, it is important to note that the acupuncture procedure has very minor risks associated with it, which include (in decreasing order of prevalence):

- Nominal bleeding
- Very slight insertion site soreness
- Minimal bruising

Further, under the guidance of a highly trained and licensed professional, all other physical risks are essentially non-existent. It is important to note that post-treatment, the majority of clients experience extreme relaxation. Occasionally, this feeling of relaxation can be combined with mild disorientation, decreased blood pressure, dizziness, and fatigue. Please ensure that you listen to your body's needs after treatment, including but not limited to taking your time getting up and remaining on site until you feel comfortable to travel home.

By signing below, I acknowledge that I have read the aforementioned information, understand it in its entirety, and wholly consent to receive acupuncture treatment.

Signature: _____

Name (printed): _____

Date _____