



Dr. Tara K. Sloan, B.Kin, ND
Doctor of Naturopathic Medicine
1002 King St. West Toronto Ontario M6K 3N2

(ph) 416.597.1604
www.kingwestchiro.com

Cosmetic Acupuncture Intake Form

Registration Information

Name: _____ Today's Date: _____
(First) (Middle) (Last) dd / mm / yy

Date of Birth: ___/___/___ Age: _____ Gender: _____
dd/ mm / yy

Home Address: _____

Town/ City: _____ Postal Code: _____

Home Telephone: () _____ Work: () _____

May we leave messages on your home phone relating to your visits? Yes No

Email Contact: _____

Emergency contact: Name: _____ Phone:() _____

How did you find out about our clinic?

- Referral- Whom may we thank? _____
- OAND Website
- Newspaper/ magazine / flyer
- Yellow pages
- Other _____

Do you have extended medical coverage, if so are naturopathic services and/or acupuncture covered?

*This is a confidential record of your medical history and will be kept in this office.
The information it contains will not be released to any person without your
authorization.*

Dr. Tara K. Sloan, B.Kin, ND

Doctor of Naturopathic Medicine
1002 King St. West Toronto Ontario M6K 3N2

(ph) 416.597.1604
www.kingwestchiro.com

Please describe and mark below, the concerns you have about your face and/or skin, in order of importance to you:

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



General Medical and Cosmetic History

How would you describe your general state of health? Excellent Good Fair Poor

Have you had any serious conditions, illnesses, injuries, and/or hospitalizations in the past? List approximate dates:

Please indicate any cosmetic surgeries or other cosmetic procedures that you have had done in the past (also indicate approximate date) as well as any you are currently undergoing presently:



Dr. Tara K. Sloan, B.Kin, ND

Doctor of Naturopathic Medicine
1002 King St. West Toronto Ontario M6K 3N2

(ph) 416.597.1604
www.kingwestchiro.com

Please answer yes or no to the following questions to the best of your ability.

Kd Yin Def.	Yes	No
Do you have lower back weakness, soreness, or pain, and or knee problems?		
Do you have ringing in your ears or dizziness?		
Is your hair prematurely grey?		
Do you have vaginal dryness?		
Is your mid-cycle fertile cervical mucus scanty or absent?		
Do you have dark circles around or under your eyes?		
Do you have night sweats?		
Are you prone to hot flashes?		
Would you describe yourself as afraid a lot?		
Does your tongue lack coating? Does it appear shiny or peeled?		

Kd Yang Def.	Yes	No
Do you have lower back pain premenstrually?		
Is your low back sore or weak?		
Are your feet cold, especially at night?		
Are you typically colder than those around you?		
Is your libido low?		
Are you often fearful?		
Do you wake up at night or early in the morning to urinate?		
Do you urinate frequently, and is the urine diluted and/or profuse?		
Do you have early morning loose, urgent stools?		
Do you have profuse vaginal discharge?		
Does your menstrual blood tend to be dull in colour?		
Do you feel cramps during your period that respond to heat?		
Is your tongue pale, moist, and swollen?		

SP Qi Def.	Yes	No
Are you often fatigued?		
Do you have a poor appetite?		
Is your energy low following a meal?		
Do you feel bloated after eating?		
Do you crave sweets?		
Do you have loose stools, abdominal pain or digestive problems?		
Are your hands and feet cold?		
Is your nose cold?		
Are you prone to feeling heavy or sluggish?		
Are you prone to feeling heaviness or grogginess in the head?		
Do you bruise easily?		
Do you think you have poor circulation?		
Do you have varicose veins?		
Are you lacking strength in your arms and legs?		
Are you lacking in exercise?		
Are you prone to worry?		
Have you been diagnosed with low blood pressure?		
Do you sweat a lot without exerting yourself?		
Do you feel dizzy, light-headed, or have visual changes when you stand up fast?		



Dr. Tara K. Sloan, B.Kin, ND

Doctor of Naturopathic Medicine
1002 King St. West Toronto Ontario M6K 3N2

(ph) 416.597.1604
www.kingwestchiro.com

Is your menstruation thin, watery, profuse, or pinkish in colour?		
Are you more tired around ovulation or menstruation?		
Do you ever spot a few days before your period comes?		
Have you ever been diagnosed with uterine prolapsed? Or prolapsed of any other organ?		
Are your menstrual cramps accompanied by a bearing-down sensation in your uterus?		
Are you often sick, or do you have allergies?		
Have you been diagnosed with hypothyroid or anemia?		
Do you have haemorrhoids or polyps?		
Does your tongue look swollen, with teeth marks along the sides?		
Do you have a pale, yellowish complexion?		

Bld Def.	Yes	No
Are your menses scanty and/or late?		
Do you have dry, flaky skin?		
Are you prone to getting chapped lips?		
Are your fingernails or toe nails brittle?		
Are you losing hair on your head (not in patches but all over)?		
Is your hair brittle or dry?		
Do you have diminished night time vision?		
Do you get dizzy or light-headed around your period?		
Are your lips, the inner side of your lower eyelids, and/or tongue pale in colour?		

Bld Stagnation	Yes	No
Is your menstrual flow ever brown or black in colour?		
Do you feel mid-cycle pain around your ovaries?		
Do you have painful, unmovable breast lumps?		
Do you experience periodic numbness of your hands and feet (especially at night)?		
Do you have varicose or spider veins?		
Do you have red hemangiomas (cherry-red spots) on your skin?		
Does your complexion appear dark and 'sooty'?		
Do you have chronic haemorrhoids?		
Does your menstrual flow contain clots?		
Have you been diagnosed with endometriosis or uterine fibroids?		
Is your lower abdomen tender to palpation/touch?		
Can you feel any lumps in your lower abdomen?		
Do you have piercing, stabbing menstrual cramps?		
Does your tongue look dark or purplish?		
Do you have dark spots on your tongue?		
Are the veins beneath your tongue twisty and tortuous?		
Do you have dark spots in your eyes?		
Have you been diagnosed with any vascular abnormality or blood clotting disorder?		



Dr. Tara K. Sloan, B.Kin, ND

Doctor of Naturopathic Medicine
1002 King St. West Toronto Ontario M6K 3N2

(ph) 416.597.1604
www.kingwestchiro.com

LV Qi Stagn	Yes	No
Are you prone to emotional depression?		
Are you prone to rage or anger?		
Do you become irritable premenstrually?		
Do you feel irritable and bloated around ovulation?		
Are your breasts sensitive/sore at ovulation?		
Do you experience nipple pain or discharge from your nipples?		
Do you have a lot of premenstrual breast distention or pain?		
Have you been diagnosed with elevated prolactin levels?		
Do you become bloated premenstrually?		
Are your pupils usually dilated and large?		
Do you have difficulty falling asleep at night?		
Do you experience heartburn or wake up with a bitter taste in your mouth?		
Are your menses painful?		
Do you feel your menstrual cramps in the external genital area?		
Is your menstrual blood thick and dark, or purplish in colour?		
Is your tongue dark or purplish in colour?		

Ht Def.	Yes	No
Do you wake up early in the morning and have trouble getting back to sleep?		
Do you have heart palpitations, especially when anxious?		
Do you have nightmares?		
Do you seem low in spirit or lacking in vitality?		
Are you prone to agitation or extreme restlessness?		
Do you fidget?		
Is the tip of your tongue red?		
Is there a crack in the centre of your tongue that extends to the tip?		
Do you sweat excessively, especially on your chest?		

Exc. Heat	Yes	No
Is your pulse rapid?		
Are your mouth and throat usually dry?		
Are you thirsty for cold drinks most of the time?		
Do you often feel warmer than those around you?		
Do you wake up sweating or have hot flashes?		
Do you break out with red acne (especially premenstrually)?		
Do you have a short menstrual cycle?		
Do you have vaginal irritation or rashes?		

Dampness	Yes	No
Do you feel tired and sluggish after a meal?		
Do you have fibrocystic breasts?		
Do you have cystic or pustular acne?		
Do you have urgent, bright, or foul-smelling stools?		
Does your menstrual blood contain stringy tissue or mucus?		
Are you prone to yeast infections and vaginal itching?		
Do your joints ache, especially with movement?		
Are you overweight?		



Dr. Tara K. Sloan, B.Kin, ND
Doctor of Naturopathic Medicine
1002 King St. West Toronto Ontario M6K 3N2

(ph) 416.597.1604
www.kingwestchiro.com

Do you have a wet, slimy tongue?		
Damp Heat	Yes	No
Do you have foul-smelling, yellow, or greenish vaginal discharge?		
Are you prone to vaginal and/or rectal itching during your luteal or premenstrual phase?		



Dr. Tara K. Sloan, B.Kin, ND

Doctor of Naturopathic Medicine
1002 King St. West Toronto Ontario M6K 3N2

(ph) 416.597.1604
www.kingwestchiro.com

Cosmetic Acupuncture Consent Form

This statement of consent pertains to the practice of cosmetic acupuncture performed by Tara K. Sloan, B.Kin (Hons), ND.

Cosmetic acupuncture, also referred to as Facial Rejuvenation Acupuncture is a treatment based on the principles of Oriental Medicine, and involves the insertion of sterile, disposable needles in to specific areas of the face, ears, neck, hands, trunk and legs, along channels or meridians of energy.

Cosmetic acupuncture is **contraindicated** if you suffer from the following conditions:

- Abnormal coagulation (bleeding) disorders such as hemophilia
- Pituitary disorders
- Cancer
- AIDS
- Seizures or Epilepsy
- Coronary heart disease
- Chronic vertigo/dizziness

Cosmetic acupuncture should not be administered during:

- Acute herpes (cold sore) outbreaks
- Acute allergic reactions
- Migraine Headache
- Whole body sunburn or facial sunburn
- Colds or Flu (other forms of acupuncture can be done to address these symptoms)

Patients with high blood pressure should consult their medical or naturopathic doctor before beginning cosmetic acupuncture treatments.

If you are currently pregnant or think you may be pregnant please let the practitioner know. While acupuncture is safe during pregnancy there are certain points that must be avoided.

Potential side effects include: a possibility of bruising, minor bleeding, skin irritation and/or muscle discomfort with this treatment.

I _____ do not have any of the contraindications listed above, and I am aware of the circumstances during which cosmetic acupuncture should not be performed. I understand that neither treatment outcomes, nor how long the effects can last, can be predicted.

I understand that cosmetic acupuncture and Naturopathic medical visits are separate services, and that a cosmetic acupuncture treatment with Tara K. Sloan, does not constitute a naturopathic visit. I understand that by law, Tara is not able to discuss or prescribe treatments for any medical conditions or concerns during cosmetic acupuncture visits; and that a separate Naturopathic visit must be booked for this purpose.

I understand that any nutritional or natural supplements that are suggested during cosmetic acupuncture treatments are general recommendations that pertain to skin care.



Dr. Tara K. Sloan, B.Kin, ND

Doctor of Naturopathic Medicine
1002 King St. West Toronto Ontario M6K 3N2

(ph) 416.597.1604
www.kingwestchiro.com

I understand that I may discontinue my treatments at any time, and that if I have purchased a package of treatments, that I am entitled to re-imbusement of any unused treatments in that package based on a charge of \$140 for each treatment completed.

I agree to pay for my treatments in full prior to, or at each treatment and that no outstanding balance will be allowed to accrue. I understand that the King West Village Chiropractic Clinic cancellation policy requires me to cancel a booked appointment 24 hours prior to that appointment. If I fail to do so, I will be charged for the missed appointment or forfeit the appointment if pre-paid as part of a package.

**Cosmetic acupuncture & other facial rejuvenation service fees are listed below
(please note that all prices listed are subject to HST):**

Cosmetic Acupuncture:

Initial Appointment (2 hours- includes assessment and treatment).....	\$160
Follow up appointments (approx. 1.5 hours).....	\$140
Package of 12 treatments	\$1450

Your signature below confirms that you do not presently have any of the conditions that are contraindicated for cosmetic acupuncture, and that you have read, and are in agreement with the information contained in this 2 page form. Your signature also confirms that if you are diagnosed with any of the above conditions listed as contraindications during your course of treatment with cosmetic acupuncture that you will disclose this information to the practitioner, in this case Tara K. Sloan, ND.

Name (please print): _____ Date: _____

Signature: _____