



**SHAMSI POURFATEMI CREPS, M.S., L.AC.**  
*Holistic Energetic Therapy*

**PATIENT INFORMATION:**

Name: First:	Middle:	Last:
Address:	City & State:	Zip Code:
Phone: Home:	Cell:	Work:
Email:		
Birthdate:	Age:	
Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Partnership		
Referred by:		

**EMERGENCY CONTACT:**

Name:		
Address:		
Phone: Cell:	Home:	Work:

**EMPLOYMENT HISTORY:**

Status: <input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Student
Employer's Name:
Brief job description:
What aspects of your job/work do you enjoy?



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Briefly describe what the changes you are wanting for your skin.

Are you using any products or therapies to create these changes? If yes, what?

How do you feel about your skin?

What aspects about your skin do you like?

Do you notice hormonal changes affecting your skin? How?

Do you notice stress affecting your skin? How?

Is there any additional information that you feel would be important to today's session.

Have you ever received acupuncture or infrared therapy?

**MEDICATION:** Please **circle** all the medications you are currently taking and list any additional medicines that you are also taking.

Aspirin      ibuprofen      acetaminophen (Tylenol)      oral contraceptive      tranquilizers

antacids      fiber      laxatives      diet pills      allergy medications      anti-depressants

blood thinners      blood pressure medication      insulin      sleeping pills

Other medications: \_\_\_\_\_

Supplements: \_\_\_\_\_

Prescription skin medications/creams/ointments: \_\_\_\_\_

Medication allergies: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Environmental allergies: \_\_\_\_\_



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### INFORMED CONSENT TO TREAT

I hereby consent to acupuncture treatments and other procedures associated with Traditional Chinese Medicine and Reiki performed by Shamsi Pourfatemi Creps, L.Ac., and I have discussed the nature and purpose of my treatment with the above practitioner.

I understand that methods of treatment may include, but may not be limited to acupuncture, moxibustion, cupping, electro-stimulation, massage, Reiki, infrared therapy, Chinese herbal formulas and nutritional counseling.

Acupuncture has the effect of normalizing physiological functions and modifying perception of pain. It can treat certain diseases or dysfunctions of the body. I have been informed that acupuncture is a safe method of treatment, but occasionally there may be some bruising or tingling sensation near the needling sites that may last a few days. There have been extremely rare instances reported of spontaneous miscarriage and pneumothorax.

The herbs and nutritional supplements (which are from plant, animal and mineral sources) that may be recommended are traditionally considered safe in the practice of Traditional Chinese Medicine. I understand that some herbs may be inappropriate during pregnancy. If I experience gastro-intestinal upset or allergic reaction to herbal formulas, I will inform Shamsi Pourfatemi Creps, L.Ac., immediately.

I do not expect Shamsi Pourfatemi Creps, L.Ac. to be able to anticipate and explain all risks and complications. I wish to rely on her to exercise judgment during the course of the procedure, which she feels at the time, based upon the facts then known, to be in my best interest.

I understand that clinical and administrative staff may review my medical records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

By voluntarily signing below, I show that I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above mentioned procedures. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I may seek treatment.

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Printed name of client (or representative)

x \_\_\_\_\_

Signature of client (or representative)

Shamsi Pourfatemi Creps, L.Ac.

Printed name of practitioner

x \_\_\_\_\_

Signature of practitioner