

Inspiration Point Acupuncture and Wellness
Anne Woods-Tinkum, L.Ac.
2919 17th Avenue Longmont, CO 80503
720.526.0545

Free Consultation Form

Date _____ / _____ / _____

Name, first and last (as you would like to be called): _____

Gender Identity & Preferred Pronoun _____

Age _____ Address _____ City _____ State _____

Phone(best contact) # _____ Email _____

Emergency Contact _____ Contact # _____ Relationship _____

How did you hear about our clinic? Who can we thank for the referral? _____

Have you been treated by acupuncture before? NO YES _____ / _____ / _____

Main Concerns

Please write in your top 3 health complaints/concerns in order of important to you. Circle the items that make it better or worse and mark on the scale from 1-10 the severity of the condition (1 = no symptoms, 10 = worst symptoms).

<p style="text-align: center;">1</p> <hr/> <p>When did this start? _____ ago</p> <p>Heat makes it: Better No change Worse Cold makes it: Better No change Worse Damp weather: Better No change Worse Exercise: Better No change Worse</p> <p style="text-align: center;">1 _____ 5 _____ 10</p>	<p style="text-align: center;">2</p> <hr/> <p>When did this start? _____ ago</p> <p>Heat makes it: Better No change Worse Cold makes it: Better No change Worse Damp weather: Better No change Worse Exercise: Better No change Worse</p> <p style="text-align: center;">1 _____ 5 _____ 10</p>	<p style="text-align: center;">3</p> <hr/> <p>When did this start? _____ ago</p> <p>Heat makes it: Better No change Worse Cold makes it: Better No change Worse Damp weather: Better No change Worse Exercise: Better No change Worse</p> <p style="text-align: center;">1 _____ 5 _____ 10</p>
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Medications

Please note what medications, herbs or supplements that you take regularly (prescribed or otherwise) _____

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Our Process

Our process is designed to get the best results in the least amount of time possible. It has been proven over the years and with all of our patients. It involves four main strategies that (when applied together) are extremely effective for unifying and strengthening your body's healing system on all levels.

We incorporate your feedback and do our best to make your experience as easy and cost-effective as possible. Help us serve you better by indicating your preferences below.

1. I am interested in receiving Acupuncture treatments

Yes No

2. I am interested in Nutritional Therapy (supplements can be between \$50-\$200 a month for the first 2-3 months).

- Yes, please tell me what you think I should do based on your experience, and will do it.
- Yes, but I have budgetary constraints so be aware of this when recommending nutritional options.
- Yes, but I don't want to take a lot of pills so keep it to a minimum
- No, I don't want any nutritional supplements.

3. I am interested in Herbal Therapy

- Yes, please tell me what you think I should do based on your experience, and I will do it.
- No, I would rather not take any herbs.

4. I am interested in receiving guidance on meditation and visualization: Yes No

5. I would like to know more in-depth information about my treatment and other emails from Inspiration Point (be sure to check your spam folder if you notice that you are not receiving emails): Yes No

Name: _____ Signature: _____ Date: _____

Hooray, you're here! 🌱