

**Holly Leever, L.Ac., MTOM, Dipl. OM**

**Community Acupuncture Intake**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail: \_\_\_\_\_ Would you like to be added to my mailing list: Y/N

Medications: \_\_\_\_\_

Male/Female/Other; If female, is there a possibility you could be pregnant? \_\_\_\_\_

Main

Concern: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How is your  
sleep: \_\_\_\_\_

\_\_\_\_\_

How is your energy level:

\_\_\_\_\_

\_\_\_\_\_

How is your  
digestion: \_\_\_\_\_

\_\_\_\_\_

For women, any menstrual irregularities or  
symptoms?: \_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_, hereby authorize Holly Leever, L.Ac. to perform acupuncture therapy. This treatment involves the insertion of thin sterilized needles at points on the surface of the skin. Needles are left in for 20-30 minutes.

Potential Benefits: This treatment allows for facilitation of the healing process and will assist in balancing the body's energies. The treatment may also help to improve sleep, promote relaxation and alleviate pain.

Potential Risks: There may be slight discomfort at the time of needle insertion. This passes quickly. Occasionally, some light-headedness may occur. Also, there may be some slight bleeding when the needles are withdrawn. Rare, but possible other effects include weakness, fainting, nausea, bruising, and physical discomfort.

The nature, consequences, potential risks and benefits have been fully explained to me. I voluntarily consent to the above procedures and hereby release Holly Leever L.Ac. from any and all liability.

_____	_____
Parent/Guardian/Patient Signature	Date
_____	_____
Clinician Signature	Date

*Holly Leever Wellness*

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