Dr. Hughes's Holistic Wellness Center

4343 Concourse Dr. Suite 170, Ann Arbor, MI, 48108
P: (734) 905-0318 | F: (253) 234-1376 | www.DrHughesHolisticCenter.com

Today's date _____/_____/_____
Month / Day / Year

Name (First, MI, Last)			Social Security No.(last 4 digits only) XXX-XX-_____	Date of Birth _____/_____/_____ Month / Day / Year
Age	Sex ◯ M ◯ F	Marital Status ◯ S ◯ M ◯ D ◯ W	Email Address	Home Phone (_____) _____ - _____
Home Address (street, city, state and zip code) _____ _____ _____				Work Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____
Employer			Job Title /Occupation	Fax (_____) _____ - _____
Emergency Contact (Name)			Contact (Phone) (_____) _____ - _____	Who referred you?

Personal Physician (Name and Address)	Preferred Pharmacy Name/Phone
_____ _____ _____ Office phone number: (_____) _____ - _____	_____ _____ _____ Pharmacy phone number: (_____) _____ - _____

Best way to contact you (Choose One): ☐Home Phone ☐Work Phone ☐Cell Phone

Do we have permission to leave the following information on an answering machine or voice mail?

Appointment Information: ◯NO ◯YES, these #'s: ☐Home ☐Work ☐Cell ☐Other _____
Medical Information: ◯NO ◯YES, these #'s: ☐Home ☐Work ☐Cell ☐Other _____
Billing/Payment Information: ◯NO ◯YES, these #'s: ☐Home ☐Work ☐Cell ☐Other _____

If someone answers the phone when we call, who can we leave this information with?

☐ No One
☐ Spouse _____ ☐ Child(ren) _____
☐ Friend _____ ☐ Other _____

Minor Patient Section

If the patient is a minor, is he/she accompanied by a legal guardian?
◯ If **Yes**: Must bring a valid photo ID
◯ If **No**: Each adult to accompany the minor must bring
1) a completed Permission to Accompany Minor Form
2) copies of their own and the guardian's valid photo IDs

_____ _____ _____/_____/_____
Legal Guardian's Signature: Print Legal Guardian's Name: Date:

_____ _____ _____/_____/_____
Patient's Signature: Print Patient's Name: Date:

Complaints/Concerns

Please list ***in order of importance,*** **the five (5) main concerns you have (starting with the most important one**).
Please note how long each symptoms has been present.

Problem	Onset	Frequency	Mild	Moderate	Severe	Previous Treatments / Approach	Results? Excellent	Good	Fair
0. e.g. Headaches	6 / 2007	4 times / week							
1.			☐	☐	☐		☐	☐	☐
2.			☐	☐	☐		☐	☐	☐
3.			☐	☐	☐		☐	☐	☐
4.			☐	☐	☐		☐	☐	☐
5.			☐	☐	☐		☐	☐	☐

What do you hope to achieve in your visits with us?

_____
_____
_____

If you had a magic wand and could erase three health problems or symptoms, which would they be, and why?

1. _____
2. _____
3. _____

When was the last time you felt well? _____
Did something trigger your change in health? _____
What makes you feel **worse**? _____
_____
What makes you feel **better**? _____
_____

Please list all physicians you have seen for the above health conditions:

1.	4.
2.	5.
3.	6.

Please check all the Alternative Treatments you have tried for your condition(s)

☐ None	☐ Massage	☐ Yoga	☐ Environmental medicine
☐ Chiropractic	☐ Rolfing	☐ Hypnosis	☐ Dietary Therapy
☐ Acupuncture	☐ Reiki	☐ Ayurveda	☐ Biological Dentistry
☐ Supplements	☐ Homeopathy	☐ Light therapy	☐ IV (intravenous) therapy
☐ Colonics	☐ Biofeedback	☐ Meditation	☐ Naturopathic medicine
☐ _____	☐ _____	☐ _____	☐ _____

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Cupping Therapy Informed Consent

About Cupping Therapy:

- Cupping therapy is a form of Chinese Medicine technique. The purpose of this technique is to promote health and healing by: lifts soft and connective tissues, release fascia and rigid tissue, loosens scarring and adhesions. Cupping pulls stagnation, waste, and toxins to the skin level where it can be easily flushed out by the lymphatic and circulatory system.
- Cupping techniques bring blood flow and nutrition to stagnant areas. The pulling action engages the parasympathetic nervous system, thus allowing deep relaxation throughout the entire body.
- Cups are moved over the skin using gliding, shaking, popping and rotating techniques while gently pulling up on the cup, or may be parked for a short time to facilitate joint mobilization or soft tissue release. Suction reaches deep into the soft tissue, attachments and organs.
- Cupping therapy is a medical treatment, not a novelty and should be treated accordingly. Dr. Hughes will determine which areas are most appropriate for cupping, which type of cupping methods should be used and where how many cups should be applied, the length of time the cups should remain on and which cupping techniques (stationary, moving, etc.) to employ. This is not a service in which the patient should expect to dictate the terms of the service such as in a massage service.

Potential reactions to cupping are temporary and may include:

- Bruise-like marks or "cup kiss": may last several days to several weeks depending on the severity of patient's condition. While most marks fade and disappear after a few days, there are times when marks could take up to 15 days to clear and in rare cases, it has been reported that marks have taken up to 21 days to fully clear. These areas of bruising or discoloration are typically not painful, but can on occasion have soreness, itching and there may be soreness in the surrounding muscles.
- Fire cupping: on rare occasions blisters may occur, either from the heat or from fluids being drawn to the surface by the cups and on occasion, however unlikely, a patient may experience a burn from the heated cups or heating implement. Small blisters should be left alone to heal on their own, while larger blister should be drained and dressed by Dr. Hughes.
- Decreased Blood Pressure: due to vasodilation and/or nervous system sedation.

After care recommendations:

- Drink plenty of water, to help eliminate toxins out of the body.
- Avoid showers, steam, sauna and exercise immediately following therapy.
- Light stretching and range of motion exercises are beneficial.

Contraindications:

- Hemophilia or other bleeding/clotting disorders
- Patients taking blood thinners
- Weak patients or those who have been ill
- Abdomen on pregnant women
- Diabetics especially those with uncontrolled blood sugar as they may not be able to feel pain properly
- Those who are unable to experience heat or pain properly
- Those who have circulatory conditions

I understand that bruising, discoloration and/or soreness will likely occur following this treatment and may take days or weeks to fully resolve. I further understand that the above-listed conditions are contraindicated for cupping therapy and I have informed by Dr. Hughes of any and all medical conditions, even those not listed as contraindications. I further understand that there is a potential for burns and/or blisters due to the fire/heat aspect of the treatment. This is a rare but not unexpected occurrence.

Patient/Guarantor Name (Printed)	Patient/Guarantor Signature	Date