

Acupuncture at Calgary Center for Health

Welcome to Acupuncture at the Calgary Center for Health. Dr. Lisa Baldwin R.Ac., T.C.M.D., was born in Kingston, Ontario and has been a Calgarian from the age of two. Her professional background includes years of study and training at the Alberta College of Acupuncture and Traditional Chinese Medicine. She has completed internships in China at the Beijing Academy of Traditional Chinese Medicine and in Sri Lanka at the Open University Teaching Hospital in Colombo. In addition, she has an Alberta Provincial License to practice Traditional Chinese Medicine incorporating Acupuncture and Chinese Herbal medicine into her practice.

Personal achievements have been made through her passion to travel. She credits her ability to relate and adapt, to the four and a half years of independent travel across the globe.

Dr. Baldwin's goal is to offer Chinese Medicine on both a holistic and therapeutic level. She is competent in all areas, and specializes in gynaecology, infertility, digestive issues, depression, sleep and pain disorders. Valuing compassion and integrity, she aims to provide the appropriate holistic treatment to meet individual needs and to promote optimum health and well-being.

What is Acupuncture?

Acupuncture is a holistic approach to healthcare that has been developed and used for over three thousand years. Acupuncture seeks to balance and optimize the flow of energy through the body by stimulating certain points along energy channels known as meridians. The energy that flows along these channels is known as Qi.

A licensed Acupuncturist is trained and skilled at inserting fine needles into specified points along these meridian lines to help influence and restore balance to the flow of qi. There are over 1,000 acupuncture points on the body, each having a variety of indications and paired combinations to treat both symptoms of disease and more importantly, the root cause of the disease, to facilitate healing.

What can I expect?

As a balanced and holistic approach, **your first visit** will give you the opportunity to thoroughly discuss your health care concerns and goals. An initial visit will generally last 90 minutes. You may be asked a wide range of questions about your symptoms, lifestyle, emotions, and anything else that may offer insight into your health. Dr. Baldwin may also employ traditional methods of diagnosis such as tongue and pulse diagnosis.

For your acupuncture treatment, Dr. Baldwin will insert approximately four to forty sterile disposable acupuncture needles. You may feel a radiating sensation when the needle is inserted, and it generally lasts for a few moments. During the remainder of the treatment sometimes a dull heavy sensation is felt as well. Commonly, the needles will be left in for fifteen to twenty minutes. You may also receive other treatment modalities, such as cupping, moxabustion, gua sha, etc. based on each individual case. These treatments will be explained further during your session. Relaxation and deep breathing during your treatment are important to achieve optimum benefit.

How will I feel after my treatment?

Although everyone responds differently to acupuncture, there is a variety of common feelings you may have after the treatment, you may feel drowsy, relaxed, or in some cases energized. Acupuncture will transfer vital energy to the areas which need healing. In the healing process a certain amount of energy is expended. This may result in a tired or drowsy feeling following your treatment. Conversely, because your body is coming back into harmony, you may feel balanced and energized.

How many treatments will I need?

Once Dr. Baldwin has developed an understanding of your healthcare needs, you will receive a comprehensive diagnosis and treatment plan. The number of sessions you will need varies from person to person. For example, certain chronic conditions that have developed over an extended period of time indicate that the body has been out of balance for quite some time. These conditions generally require more treatments to help restore balance. It is often said that “if a condition did not occur over night, it will generally not disappear overnight.”

What is herbal medicine?

Chinese herbals may be prescribed to you in order to enhance the treatment process. In this case, Dr. Baldwin will develop a customized herbal plan for you. The herbals prescribed may change frequently in order to respond to positive changes in the body as it reaches an inner balance. Since Chinese herbals are natural, they are not as potent as western drugs. As such, the dosages recommended are often quite high.

What is Traditional Chinese Medicine?

Often Western practitioners and their patients derive their understanding of TCM from acupuncture. However, acupuncture is only one of the major treatment modalities of T.C.M, which is based on the understanding of Qi or vital energy, balance and unbalance.

- **Acupuncture:** Is the insertion and stimulation of specific acupuncture points on the superficial body by sterilized acupuncture needles, to affect the flow of Qi and balance the mind, body and spirit.
- **Herbal Therapy:** Is the use of natural herbal medicinal combinations or formulas to strengthen and/or support organ system function.
- **Moxibustion:** Using the herb mugwort, also known as moxa, to warm regions of the body or acupuncture points with the intent to simulate circulation to inducing a smoother flow of Qi and Blood which producing health and well-being.
- **Qigong:** An energy practice, generally encompassing simple movements and postures and some Qigong systems also emphasize breathing techniques.
- **Cupping:** Placement of small jars on the skin by creating a vacuum sensation that suctions the superficial skin into the jar to help with muscular stress, common cold, stomach ailments etc.
- **Acupressure:** The use of specific hand techniques and finger pressure, to stimulate acupuncture points and help Qi flow smoothly.
- **Chinese Diet:** The recommendations of certain foods for healing, is based on their energy essences or energy signatures, not nutritional value.
- **Chinese Psychology:** the understanding of emotions and their relationship to the internal organ systems and their influence on health

What can I do to get maximum benefit?

Acupuncture is a great way to heal your imbalances and help you to achieve a balanced and healthy lifestyle. Your actions are a key component of your treatment plan. It is important to understand and follow your treatment plan in order to get maximum benefit. This is your opportunity to collaboratively work on your health with a group of dedicated professionals at the Calgary Center for Health.

Your Personal Health History

In our clinic, we focus on your ability to be healthy. Our goals are, first to address the issues that brought you to this office, and second to offer you the opportunity of improved health and wellness in the future. Answering the following questions will give us a profile of the specific stresses you have faced in your lifetime, allowing us to better assess the challenges to your health potential.

Last name: _____	Given Name: _____
Birth Date: _____	Marital Status: _____
Address: _____	Postal Code: _____
Phone: (H) _____	(C) _____ (W) _____
Email: _____	Referred By: _____
Physician: _____	Date of last visit: _____
AHC #: _____	

Main Concern(s):

Health Goals:

When did you first notice your problem: (please be specific)

Does your condition seem to be getting: (please circle)

Better Worse Remains Constant Comes and goes

Your Health History

1. Please check if you had any of the following in the past year:

CT Scan MRI X-Ray Ultra Sound Blood Test Angiogram

2. Have you had any major or chronic illness in the past?

3. Please list any surgery or hospitalizations. What were they for and when did they occur?

4. Please list any medications and nutritional supplements you are currently taking:

Name & Dosage	Prescribed by:
_____	MD <input type="checkbox"/> other _____
_____	MD <input type="checkbox"/> other _____
_____	MD <input type="checkbox"/> other _____
_____	MD <input type="checkbox"/> other _____

Please check any condition that you have currently (c) or have had in the past (p)

<input type="checkbox"/> Alcoholism <input type="checkbox"/> Allergies <input type="checkbox"/> Anemia <input type="checkbox"/> Angina pectoris <input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Back pain <input type="checkbox"/> Bladder Disease <input type="checkbox"/> Bleeding tendency <input type="checkbox"/> Brittle Nails <input type="checkbox"/> Bronchitis <input type="checkbox"/> Bruise Easily <input type="checkbox"/> Cancer <input type="checkbox"/> Chest Pain <input type="checkbox"/> Cold hands/feel <input type="checkbox"/> Constipation <input type="checkbox"/> Depression <input type="checkbox"/> Diabetes <input type="checkbox"/> Disturbed sleep <input type="checkbox"/> Dizziness <input type="checkbox"/> Dry Skin <input type="checkbox"/> Eczema <input type="checkbox"/> Edema <input type="checkbox"/> Emphysema <input type="checkbox"/> Epilepsy <input type="checkbox"/> Eye Infections	<input type="checkbox"/> Forgetfulness <input type="checkbox"/> Gallstones <input type="checkbox"/> Grinding Teeth <input type="checkbox"/> Gum or Teeth Problems <input type="checkbox"/> Hay Fever <input type="checkbox"/> Hearing Loss <input type="checkbox"/> Heart Attack <input type="checkbox"/> Heart Disease <input type="checkbox"/> Hemophilia <input type="checkbox"/> Hemorrhoids <input type="checkbox"/> Hepatitis <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> HIV Positive <input type="checkbox"/> Hives or Rashes <input type="checkbox"/> Insomnia <input type="checkbox"/> Irritable Bowel Syndrome <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Kidney Stones <input type="checkbox"/> Leukemia <input type="checkbox"/> Liver Disease <input type="checkbox"/> Loose bowel <input type="checkbox"/> Low Blood Pressure <input type="checkbox"/> Low Libido <input type="checkbox"/> Malaria <input type="checkbox"/> Migraines <input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Neuralgia/Neuritis <input type="checkbox"/> Night Sweats <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Palpitations <input type="checkbox"/> Perspire Easily <input type="checkbox"/> Pneumonia <input type="checkbox"/> Reduced Sexual Energy <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Ringing in Ears <input type="checkbox"/> Sciatica <input type="checkbox"/> Sexually Transmitted Diseases <input type="checkbox"/> Sores in Mouth <input type="checkbox"/> Stomach Ulcers <input type="checkbox"/> Stroke <input type="checkbox"/> Sudden Drops in Energy <input type="checkbox"/> Sudden loss of weight <input type="checkbox"/> Tension/Anxiety <input type="checkbox"/> Thyroid Condition <input type="checkbox"/> Tonsillitis <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Vision Problems <input type="checkbox"/> Other (please specify)
---	---	---

Are you presently being treated by a Medical doctor, Naturopathic doctor and/or chiropractor?

Yes No

By Whom: _____

For which problem:

Are you seeking treatment as a result of a motor vehicle accident (MVA)? Yes No

If yes, what was the date of the accident?

What type of injury did you sustain?

Are you engaged in a lawsuit or any legal action for the MVA? Yes No

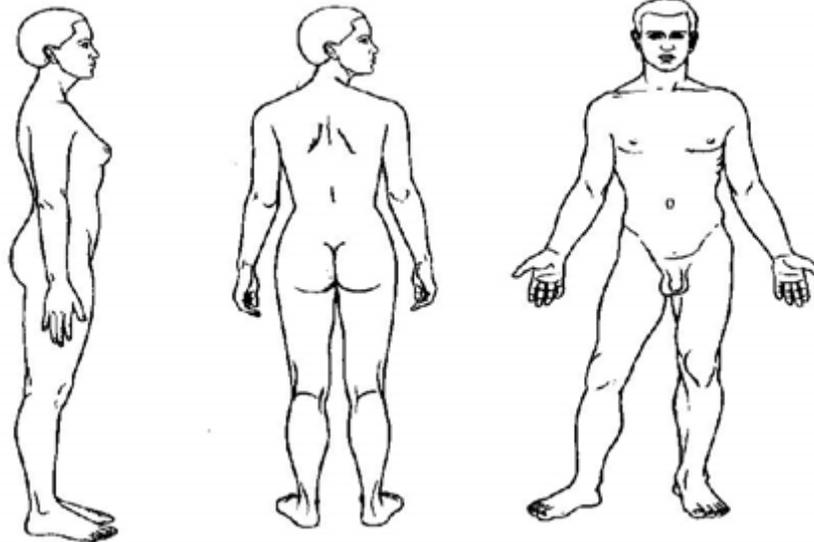
Are you seeking treatment for a work related injury? Yes No

If yes, what type of injury?

Do you have an accident report from your doctor or hospital? Yes No

Are you engaged in a Worker Compensation Board (WCB) claim? Yes No

Please indicate the pain and discomfort areas on the following figures:



Lifestyle

Please be as honest as possible during this portion of the questionnaire. If you feel uncomfortable answering any of the following, leave it blank and it can be discussed during your assessment.

Remember, all of this information is strictly confidential and can only be released with your written consent.

Please check if you:

Smoke: How many: Per day: _____ Per Week: _____ Per Month: _____
Drink: What kind: Wine Hard Liquor Beer How often: _____
Regularly take Painkillers? What kind: _____ How often: _____
Use recreational drugs? What kind: _____ How often: _____

Please rate your current stress level (1= not too much stress, 10= very stressed)

1 2 3 4 5 6 7 8 9 10

How long have you had this stress level? _____

Informed Consent

Please read the entire consent carefully

I hereby request and consent to the performance of acupuncture and other procedures related to acupuncture if necessary, including moxabustion, cupping, point injection, electro-acupuncture, Chinese herbals and other techniques within the scope of practice of acupuncturists. These procedures may be performed by Dr. Lisa Baldwin, Registered Acupuncturist and TCMD.

I further understand and am informed that in the practice of acupuncture, as in all health care, there are some slight risks to treatment; although all needles are pre-sterilized and disposable. These risks include, but are not limited to temporary soreness, bruising, blistering, nausea, fainting, bleeding, infection and shock.

I have read the above consent and understand I have also had an opportunity to ask questions about its content. By signing below, I agree to the above named procedures. I intend this consent form to cover the entire course of treatment for my present condition and for any future conditions for which I may seek treatment.

Date (dd/mm/yy)

Patient's Signature