
PATIENT HEALTH INFORMATION FORM
(ALL PERSONAL INFORMATION IS STRICTLY CONFIDENTIAL)

Last Name: _____ **First Name:** _____

Sex: Male Female **Date of Birth:** (mm/dd/yyyy) _____

Care Card No: _____ **Address:** _____

City: _____ **Province:** _____ **Postal Code:** _____

Home Phone: _____ **Mobile Phone:** _____ **Email:** _____

Emergency Contact & Phone No. : _____

Family Doctor & Phone No. : _____

How did you hear about us?: Family Doctor Yellow Pages Internet Friend Advertising

If you are presently on ICBC, WCB, or Disability Claim, Please indicate.

ICBC WCB Disability

Health Questionnaire: (Please check if you have any of the following conditions)

- | | | | | |
|---|--|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Anaemia | <input type="checkbox"/> Artificial Joints | <input type="checkbox"/> Arthritis/Rheumatism | <input type="checkbox"/> Cancer | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Fainting | <input type="checkbox"/> Digestive Problems | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Haemophilia |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> HIV positive | <input type="checkbox"/> Headaches/migraine | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Infections |
| <input type="checkbox"/> Menstruating | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Osteoporosis | |
| <input type="checkbox"/> Psychiatric Care | <input type="checkbox"/> Liver Diseases | <input type="checkbox"/> Gall Bladder Problems | <input type="checkbox"/> Pregnancy | |

If you have any allergies, please indicate: _____

Current Medications/Treatments: _____

Sleep Patterns:

Difficulty Falling asleep Easily wake up Dream a lot Sleep soundly

Appetite:

Poor appetite Foul belching/flatulence Retention of food Sweet taste
 Bitter taste Bloating after meals Constant hunger

Bowels:

- Constipation Loose stools Diarrhoea Early Morning Diarrhoea With undigested food

Urination:

- Deep Yellow Clear and profuse Dysuria Frequency/volume

Thirst:

- Thirsty Prefer hot drinks Cold drinks No desire to drink Not thirsty at all

Type of Sweating:

- Night Sweat Easily Sweat No sweat at all Local bodily sweats

Mental/Emotional:

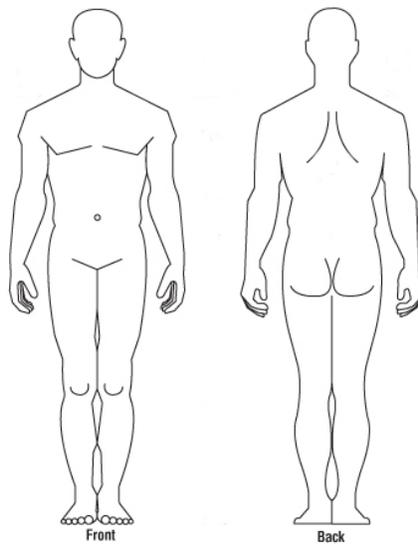
- Insomnia Drowsiness Memory loss
 Happiness/Sadness/Worry/ Anger/Fear Anger/Sense of loss/Tension

Others:

- Ringing in the ears Dizziness Low sex drive

Please use the following symbols on the diagrams to indicate areas of:

xxxx = pain //// = stiffness oooo = numbness _____ = other specify



INFORMED CONSENT FOR ACUPUNCTURE

I hereby voluntarily consent to receive acupuncture treatment for my present and future health conditions.

Acupuncture: This is a safe treatment involving the insertion of tiny sterile disposable needles through the skin, which can produce a mild but temporary discomfort at the acupuncture site. It can occasionally cause slight bleeding, and will rarely leave a bruise (not painful). Other possible risks from acupuncture include dizziness and fainting. The patient should report any dizziness or light-headedness that occurs during or after an acupuncture treatment to the Registered Acupuncturist (RAC). Extremely rare risks of acupuncture (these have an extremely low incidence, especially when acupuncture is administered properly) include nerve damage, organ puncture, and infection.

Cupping: This involves a localized suction produced by heating a small glass cup. There is a possibility of local bruising from the suction. Very rarely a slight burn or blister may appear due to the heat.

Tui-Na (Acupressure): Tui-Na is a Chinese massage technique that uses pressing, rubbing, kneading, and pinching to bring your body back into balance. This technique is applied to the channels, collaterals, and points of the acupuncture system. Manipulating the body with these methods locally promotes blood accumulation and removes blood stasis.

Ear Acupressure: Small seeds or metal beads are attached to micro-acupoints on the ear by adhesive tape. The seeds can stay on the ear for 3 - 5 days. The pressure from the seeds might be quite painful, and the patient is advised to press the acupoints several times a day to reach the maximum effect. If any itchiness or rash occurs on the ear, the patient should immediately remove the tape and seeds.

Heat Treatment with a TDP Lamp: This is used to warm an area of the body. Every precaution is taken to prevent over warming, but the rare possibility of mild burns exists.

Three-Edge Needling: This is used to prick superficial veins for bloodletting to promote blood circulation, remove blood stasis, resuscitate and expel heat. It's often used to treat high fever, loss of consciousness, convulsion, local pain and Qi/Blood stagnations. In some cases, it is combined with cupping to drive stagnated blood out.

Dermal Needling: Multiple, mild needle pricks are applied in one area. Slight bleeding at the area is likely.

Electro-Acupuncture: A mild electric micro-current (similar to a TENS treatment) is used to stimulate the acupuncture points, A mild tingling or tapping sensation will be felt.

By signing below, I show that:

- I have read, or had read to me, the information on this consent form;
- I understand the possible risks and complications involved. I have had the opportunity to discuss this consent form with my Licensed Acupuncturist. I understand that I can request more information at any time if desired;
- I consent to receiving treatment that involves the above procedures;
- I understand that I have the right to refuse or discontinue any treatment at any time. I understand that this refusal may affect the expected result.

Patient Name (please print): _____

Patient (or Guardian) Signature Date: _____

If a Guardian has signed, please print your name: _____