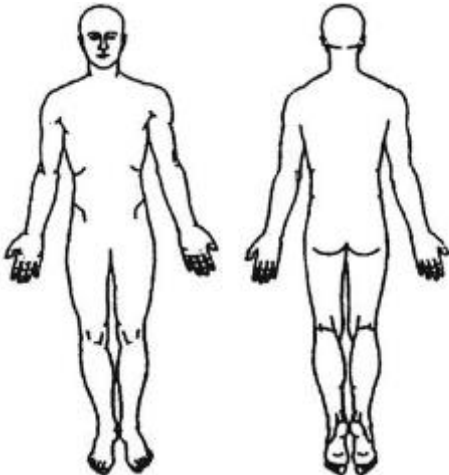


Last Name	First Name	D.O.B.	
Address	City	Province	Postal Code
Home Phone		Cell Phone	
Occupation		Employer	
Medical Doctor		Email	
Emergency contact		Phone Number	
How did you hear about our office? _____			
What are you seeking treatment for? _____			
How long has this condition been bothering you? _____			
Was this a motor vehicle accident or workplace injury? Y / N			

Problem Areas

Indicate areas of **pain, tension, numbness, tingling** or **swelling**



Have you ever been treated by:

- Chiropractor
- Massage Therapist
- Physiotherapist
- Acupuncture
- Naturopathic Doctor
- Osteopath
- Other: _____

If you are experiencing pain please specify a level on the scale
MILD 1...2...3...4...5...6...7...8...9...10 SEVERE

I, _____, consent to acupuncture treatments as described by the registered acupuncturist. I understand that a cupping procedure may leave marks on my skin, and consent to the modality. I also verify that the information given on this form is true and reflects my past and present health status. Should there be any changes in my health I will inform my therapist before treatment. I understand that acupuncturists do not diagnose illness or prescribe medications, and that my treatment will be in the context of relaxation, relief of muscular tension or pain, and improving circulation.

I agree to pay for all scheduled appointments that I am unable to keep unless I notify my acupuncturist at least 24 hours in advance. Should I arrive late I will pay for a full session although it will end at the originally scheduled time.

Signed: _____ Date: _____

Please check all that apply:

Cardiovascular

- Stroke
- High Blood Pressure
- Low Blood Pressure
- Circulatory Disorders
- Varicose Veins
- Pacemaker
- Phlebitis
- Heart Disease
- Chronic Congestive Heart Failure
- Myocardial Infarction

Respiratory

- Emphysema
- Asthma
- Chronic Cough
- Bronchitis
- Breathing Difficulty
- Lung Disorder

Neurological

- Epilepsy
- Multiple Sclerosis
- Loss of Sensation
- Neuritis

other:

Digestive & Urinary

- Chronic Abdominal Pain
- Prolonged Constipation
- Frequent Urination
- Diarrhea
- Irritable Bowel Syndrome
- Ulcerative Colitis
- Pelvic Inflammatory Disease
- Gastritis
- Liver/Gall Bladder
- Kidney/ Bladder

Skin

- Easily Bruise
- Eczema/Psoriasis
- Rash
- Fungal infections
- Plantar warts

Head and Neck

- Headache
- Migraine
- Visual Disturbances
- Earaches
- Hearing Problems
- Teeth/ Jaw Pain
- Locked Jaw
- Sinus Pain
- Dizziness/ Vertigo

Male

- Haemorrhoids
- Prostate Problems
- Sexual Dysfunction
- Hernias

Female

- Menstrual Problems
- Pregnant: Term
- Menopausal Problems
- Endometriosis
- Previous C-Section

Other

- Diabetes
- Cancer
- HIV/AIDS
- Tuberculosis
- Hepatitis
- Osteoporosis
- Arthritis
- Anxiety
- Depression

Acupuncture

- Allergies
- Carpel Tunnel Syndrome
- Insomnia
- Fainting
- Chronic Fatigue Syndrome
- Seasonal Affective Disorder
- Fibromyalgia
- Scoliosis
- Haemophilia

Soft Tissue & Joint

Complaints	Right or Left
Neck	R <input type="radio"/> L <input type="radio"/>
Shoulder	R <input type="radio"/> L <input type="radio"/>
Arm	R <input type="radio"/> L <input type="radio"/>
Chest	R <input type="radio"/> L <input type="radio"/>
Abdomen	R <input type="radio"/> L <input type="radio"/>
Upper Back	R <input type="radio"/> L <input type="radio"/>
Mid Back	R <input type="radio"/> L <input type="radio"/>
Lower Back	R <input type="radio"/> L <input type="radio"/>
Hip	R <input type="radio"/> L <input type="radio"/>
Leg	R <input type="radio"/> L <input type="radio"/>
Knee	R <input type="radio"/> L <input type="radio"/>
Ankle	R <input type="radio"/> L <input type="radio"/>

other: _____

Surgical Implants

Pins, plates, wires, artificial joints:

Injuries

- Muscle Strain
- Ligament Sprain
- Fracture
- Whiplash
- Herniated Disc

other:
