

Acupuncture

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	
What are you seeking tre	eatment for?tion been bothering yo	ou?	
Problem Areas Indicate areas of pain, to	ension, numbness, tir	ngling or swelling	
		Have you ever been treated b Chiropractor Massage Therapist Physiotherapist Acupuncture Naturopathic Doctor Osteopath Other: If you are experiencing pain pleamill are experiencing pain pleamill.	
also verify that the information be any changes in my he	and that a cupping proof mation given on this for alth I will inform my ribe medications, and	cedure may leave marks on my s form is true and reflects my past a therapist before treatment. I under that my treatment will be in the	nts as described by the registered kin, and consent to the modality. I and present health status. Should there erstand that acupuncturists do not context of relaxation, relief of
			ess I notify my acupuncturist at
scheduled time. Signed:			



Please check all that apply:

O Ulcerative Colitis

O Liver/Gall Bladder

O Kidney/ Bladder

O Gastritis

O Pelvic Inflammatory Disease

0 Easily Bruise Eczema/Psoriasis Cardiovascular 0 Rash O Stroke 0 Fungal infections O High Blood Pressure Plantar warts O Low Blood Pressure Circulatory Disorders **Head and Neck** \mathbf{O} Varicose Veins \mathbf{O} Headache O Pacemaker O Migraine O Phlebitis O Visual Disturbances O Heart Disease O Chronic Congestive Heart O Earaches Failure O Hearing Problems O Myocardial Infarction \mathbf{O} Teeth/ Jaw Pain O Locked Jaw Respiratory O Sinus Pain O Emphysema O Dizziness/ Vertigo 0 Asthma O Chronic Cough Male O Bronchitis 0 Haemorrhoids O Breathing Difficulty 0 Prostate Problems O Lung Disorder 0 Sexual Dysfunction Neurological Hernias O Epilepsy **Female** Multiple Sclerosis \mathbf{O} Menstrual Problems O Loss of Sensation Pregnant: Term O Neuritis O Menopausal Problems other: O Endometriosis O Previous C-Section **Digestive & Urinary** Other O Chronic Abdominal Pain O Diabetes 0 Prolonged Constipation 0 Cancer O Frequent Urination 0 HIV/AIDS O Diarrhea Tuberculosis O Irritable Bowel Syndrome Hepatitis

Skin

Osteoporosis

O Arthritis

Anxiety

Depression

1	Acupui	ncti	ıre	•			
O	Allergies						
O	Carpel Tunnel Syndrome						
\mathbf{O}	Insomnia						
0	Fainting						
O	Chronic Fatigue Syndrome						
O	Seasonal Affective Disorder						
O	Fibromyalgia						
O	Scoliosis						
0	Haemophil	ia					
Sof	t Tissue &	Joint					
	mplaints	Rig		· Le	ft		
Nec	-	R	0	L	O		
	ulder	R	o	L	Ö		
Arn		R	o	L	O		
Che	-	R	Ö	L	Ö		
	lomen	R	O		O		
	er Back	R	Ō		Ō		
	Back	R	o	L	o		
	ver Back	R	o	L	o		
Hip	ver back	R	o		o		
Leg		R	o	L	o		
Kne		R	o	L	o		
Ank		R		L	o		
othe		1	•				
Oun	<u> </u>						
	gical Impl						
Pins	s, plates, wir	es, arti	ficia	l joi	nts:		
Inj	uries						
\mathbf{C}	Muscle Stra	ain					
\mathbf{c}	Ligament S	prain					
O	Fracture	-					
O	Whiplash						
Ō	Herniated I	Disc					

other: