

TCM CLINIC – PATIENT CONSULTATION FORM

Today's Date: ____/____/____
month day year

PLEASE READ THE FOLLOWING CAREFULLY:

This is a Traditional Chinese Medical health care clinic; our treatments may include Chinese acupuncture, Chinese massage, cupping and moxibustion.

Fees: 1. Single treatment (1 session): \$90.00 (tax included).

2. Treatment package (5 sessions): \$325.00; (10 sessions): \$550

*Treatment packages must be prepaid and are valid for one year from date of purchase; NO REFUNDS on treatment packages.

*An average treatment session is between 45min to 1 hour and may include consultation.

We accept BC medical cards with limit. Please ask for details at the time of filling out this form

Name: _____/_____/_____ Sex: M / F
last name first name middle name

Address: _____/_____/_____/_____
apt#, street#, street name city postal code province

Home Phone: _____ Cel Phone: _____

Birth Date: ____/____/____ (mm/dd/yyyy) Occupation _____

E-mail _____ Care Card #: _____

For what condition(s) are you here for? _____

1. Has your physician made a diagnosis on your condition? _____

2. Are you currently on any medication? Yes: _____ for _____
No

3. Do you regularly use the following? If yes, how often?
Cigarettes _____ Alcohol _____ Drugs _____

4. Are you a vegetarian? Yes No

5. Are you currently pregnant? Yes No

6. Do you have a pacemaker? Yes No
7. Have you ever been hospitalized? Yes: _____ No
8. Have you ever been treated for any infectious or serious disease?
Yes: _____ No
9. Are there any medical condition(s) that runs in your family?
 Yes: _____ No
10. Do you have any allergies? Yes: _____ No
11. What goal(s) do you have for your health care at this time?
 Relief of present symptoms
 Development of optimum health
 Long term health care
12. Where did you find out about us? _____

I certify that I have read the above and consent to be treated accordingly.

Patient's Signature: _____