

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): \$95.00 (tax included).

2. Treatment package (5 sessions): \$350.00; (10 sessions): \$600

*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: _____