

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): \$100.00 (tax included).

2. Treatment package (5 sessions): \$375.00; (10 sessions): \$650

*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: _____