Inter-Globe
TCM Medical

Confidential Patient Information

Today's Date:_____

First Name:_____ Last Name:_____

Address:_____City:_____Province:_____

Postal Code:_____Date of Birth:_____Gender:_____

Phone:_____E-Mail:_____

Referred by:_____

Chief Complaint:_____

How long have you had this condition: _____

Other Complaints:_____

Please list any medications, supplements you are currently taking:

_____

_____

_____

Please list any serious illnesses, injuries, surgeries you have had and when:

_____

_____

_____

Please list any allergies you have:

_____

_____

_____

Family Medical History:

_____

_____

Please check all that apply to you:

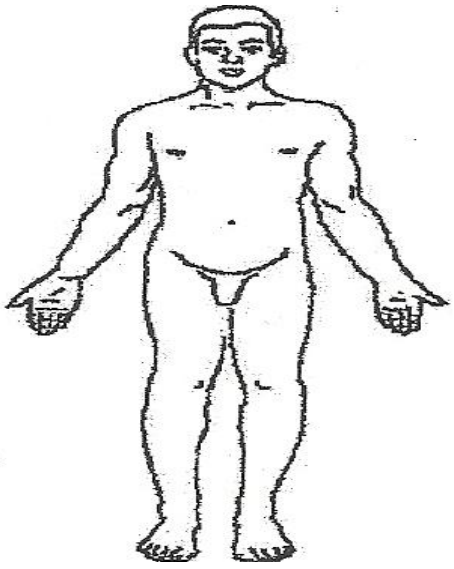
__Allergies
__Asthma
__Acne
__Acid Reflux
__Aches/Pain
__Arthritis
__Anxiety
__Bloating
__Backache
__Bleeding Gum
__Cancer
__Cough
__Constipation
__Cold Hand, Feet
__Chest Pain
__Cold Sore
__Diarrhea
__Difficulty Concentrating
__Dry Mouth
__Dental Problems

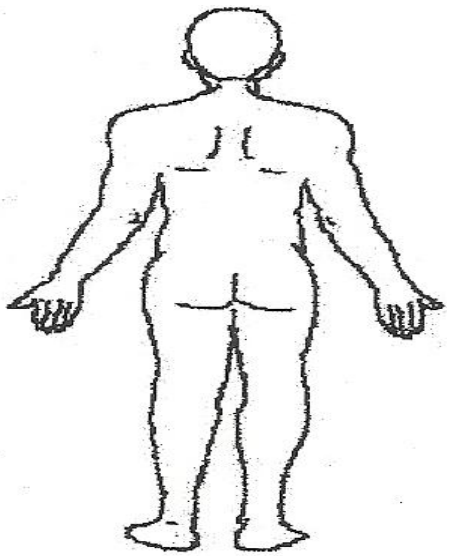
__Edema
__Excess Appetite
__Excess Weight Gain
__Excess Weight Loss
__Eye Problems
__Ear Problems
__Erective Difficulty
__Frequent Cold
__Fatigue
__Glaucoma
__Hepatitis: A B C
__Headaches
__Hot Flashes
__Hair Loss
__HIV
__Hypertension
__Heart Conditions:
please specify:
_____
_____
_____

__Insomnia
__Itching
__Irritability
__Impotence
__Jaundice
__Muscle Spasm
__Multiple Sclerosis
__Night Sweat
__Premature Grey
__Pacemaker
__Palpitation
__Reduced Appetite
__Shortness of Breath
__Spontaneous Sweat

Other:
_____
_____
_____
_____
_____

Please shade the areas that you would like to address:





Informed Consent

I consent to acupuncture treatment and related procedures associated with Traditional Chinese Medicine, by Rudy Ju-Hsun Lee, Registered TCM Practitioner and Registered Acupuncturist of British Columbia. I understand the methods of TCM Treatment may include acupuncture, acupressure, auricular acupuncture, moxibustion, cupping, gua sha, electrical stimulation, and Chinese herbal extract.

I have been informed that acupuncture is a safe method of treatment, but it may have minor side effects, including bruising, numbness at the needling points that may last few days, and in rare cases, dizziness or faint. This medical procedure uses sterile, disposable needles and maintains a clean and safe environment. After cupping or gua sha, there might be some bruising that may last for few days. I understand that while this document describes the major risks of treatment, other side effects and risks may occur.

The Chinese herbal extracts used are traditionally considered safe in the practice of Traditional Chinese Medicine. I understand that I might experience digestive upset or other reaction to herbal formulas. If I experience any discomfort related to the use of the herbal formulas, I will stop taking the herbs and inform TCM Practitioner of my symptoms. Some herbs may be inappropriate during pregnancy or breastfeeding. Please inform TCM Practitioner of suspected or confirmed pregnancy, or being a nursing mother.

I don not expect the TCM Practitioner to be able to anticipate and explain all possible risks and complications of treatment. I wish to rely on the Practitioner to exercise judgment during the course of treatment, and decide what he thinks is in my best interest, based on the facts that are known and given at the time.

I have read and understand all of the above information. I have been informed about the risks and benefits of acupuncture and other treatments. I hereby authorize TCM Practitioner Rudy Ju-Hsun Lee to perform acupuncture and alternative Chinese Medicine treatments.

_____ _____

Signature of Patient or Patient's Guardian Date