



Australla's Premier tcm professionals

Acupuncture & Traditional Chinese Medicine

www.healingarttcmclinic.com.au

Shop4,809Pacific Highway Chatswood NSW 2067 || 8054 9688

Patient Questionnaire

First Name: Surname: Middle Name:

Home Address: Suburb: Postcode:

Mobile: Home Telephone: Work:

Email: Date of Birth: Gender: M/ F

Marital Status (please circle): Single Married De-facto Divorced No. of children:

Occupation: Education:

How did you hear about us?

Sports/Hobbies: Reason for visit:

Curr Emergency Contact information

Name Relationship Phone

Email

ent Medication (What for?):

Circle the conditions below where appropriate (Specify where necessary):

Table with 4 columns: Condition, Y, N, Condition, Y, N. Rows include Allergies, Asthma, Cancer, Constipation/Diarrhoea, Diabetes, Epilepsy, Fainting/Blackouts/Vertigo, Insomnia, Joint Pain, Menstrual Irregularities, Headaches/Migraines, Pregnant? Week, Organ problems, Fluid retention.

Sciatica/Back pain	Y N	HIV/AIDS	Y N
Haemophilia/Bruise easily	Y N	Skin Conditions	Y N
Heart Condition	Y N	Stress/Depression	Y N
Hepatitis	Y N	Stroke	Y N
High/Low Blood Pressure	Y N	Varicose Veins/Circulatory Conditi	Y N

Private Health Fund: _____ Fracture/accident/X-rays: _____

Illness/Operation (when): _____ Family History of disease/condition: _____

Informed Consent for Massage and Acupuncture Treatment

I _____ hereby agree and consent to the performance of acupuncture and other traditional Chinese Medicine procedures. I understand that such procedures may include, but are not limited to acupuncture, moxibustion, cupping & Gua-sha (dermal friction technique), infrared heat lamp, breathing techniques, exercise therapy, Tui-Na (Chinese massage), Chinese or western herbal medicine, and nutritional counseling.

Acupuncture is a technique utilizing fine stainless steel needles inserted at specific points in the body to correct various ailments.

Moxibustion is the application of indirect heat by burning a stick of compressed Folium Artemisia vulgarize, commonly known as Mugwort, over acupuncture points.

Cupping utilizes round suction cups over a large muscular area (such as the back) to enhance blood circulation to the designated area.

Tui-na, a form of Chinese body treatment massage, and **Remedial massage** are used in facilitating healing and pain management. Occasionally there may be increased soreness at the sites of treatment on the day of, or day following treatment.

I have been informed that massage treatments require the removal of clothing in terms of the nature of massage, and also there will be physical contact with my body by the practitioner. I will inform practitioner which particular part I do not want to be massaged – wounds, sensitivity or just because I do not feel comfortable.

I have been informed that in all acupuncture treatments only sterile, disposable needles are used to ensure the safest acupuncture treatment possible.

I have been informed that acupuncture is a safe method of treatment, but may have some side effects, including bruising, numbness or tingling, dizziness or fainting, minor swelling, bleeding, a hematoma may occur after acupuncture treatment. I will immediately notify the acupuncturist if experience any symptoms or problems.

I have been informed that Healing Art Tcm clinic and all their professional practitioner only provider massage services strictly for clinical and therapeutical purposes . I will not request for other non-clinical and non-therapeutical services (eg, sensual gratifications) at Healing Art Tcm Clinic. .

I understand that I should not make significant movements while the needles are being inserted, manipulated, retained, or removed.

I am relying on the TCM practitioner to exercise judgment during the course of my treatment, trusting that, based upon facts then known, this treatment plan is appropriate and in my best interests. I understand that acupuncture and other Chinese Medicine procedures are not substitutes for treatment by my medical doctor. Also, at any given time throughout the treatment, may request the practitioner to stop, modify or change the treatment plan.

This is NOT a waiver form. It is part of our “duty of care “to you that we inform you of any material (pertinent) risks associated with professional treatment techniques.

In very rare cases acupuncture has been reported as being associated with bodily infections or collapse of lung. Allergic skin reactions to massages oils, acupuncture needles, or topical application are a possibility.

I state that I do not have the following conditions: pregnancy ; cancer; Hepatitis B or AIDS; fits , faints or funny turns; bleeding disorders ; pacemaker; local infections; artificial implants such as joint replacement , metal plates or breast implants ; or am currently taking anticoagulants; I am not allergic to Metal . If I have any of the above conditions, I have circled them and will discuss them with my practitioner

By voluntarily signing below I, _____, hereby certify that I have read this entire form, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions and that I consent to treatment with the modalities described above, I intend this consent form to cover the entire course of treatment to be performed for my present condition.

I have read this form, understand the information it contains and give my consent to treatment.

Signature: _____ Date: ____/____/____