Acupuncture and TCM

Health History Form

An accurate health history is important to ensure that it is safe for you to receive an acupuncture treatment. If your health status changes in the future, please let the therapist know. All information gathered for these treatments is confidential except as required or allowed by law or except to facilitate diagnosis (assessment) or treatment.

Personal Information

Last Name | First Name | Date of Birth (Day/Month/Year) | Occupation

Address | City | Province | Postal Code

Phone (Home) | Phone (Cell) | Email Address

Physician's Name | Address | Phone

Emergency Contact Name | Relationship | Phone

How did you hear about us? (i.e.: Referral, Advertisement, Social Media, Signage, Other)
If referral, please put down their name so they can get $10 off their next treatment!

Current Health Status

Please list your primary health complaint as well as any other health issues you would like to address:

Are you currently receiving any form of treatment from another health care practitioner?

Please list any medications you are taking or have taken recently and why?

Do you partake in any of the following lifestyle habits regularly?

Exercise ☐ Alcohol/Drugs ☐ Caffeine ☐ Smoking ☐

What would you consider your stress level to be on a scale from 1 to 10 (please circle)

1 2 3 4 5 6 7 8 9 10

Medical History

Please indicate if you have sustained any injuries or accidents to this date:

Injury/Accident	Time of and nature of injury/accident

Please indicate if you have received any surgery to this date:

Surgical Procedure	Time and nature of surgery

Please check any of the following that pertain to you:

Cardiovascular

- ☐ High Blood Pressure
- ☐ Low Blood Pressure
- ☐ Chronic Congestive Heart Failure
- ☐ Heart Disease
- ☐ Myocardial Infarction
- ☐ Phlebitis
- ☐ Cerebro-Vascular accident (Stroke)
- ☐ Presence of a pace maker or similar device
- ☐ Hemophilia
- ☐ General Circulatory Disorder
- ☐ Varicose Veins
- ☐ Dizziness
- ☐ Chest Pain
- ☐ Other

Renal

- ☐ Kidney Stones
- ☐ Dialysis
- ☐ Nephritis
- ☐ Other

Respiratory

- ☐ Chronic Cough
- ☐ Bronchitis
- ☐ Shortness of Breath
- ☐ Asthma
- ☐ Emphysema
- ☐ Other

Infectious Disease

- ☐ Infectious Skin Conditions
- ☐ Tuberculosis
- ☐ Hepatitis
- ☐ HIV
- ☐ Other

Gastrointestinal

- ☐ Prolonged Constipation
- ☐ Irritable Bowel Syndrome
- ☐ Chronic Abdominal Discomfort
- ☐ Diarrhea
- ☐ Other

Regional Areas of Concern

- ☐ Neck/Head/Face
- ☐ Shoulder(s) (R / L)
- ☐ Arm(s) (R / L)
- ☐ Chest / Abdomen
- ☐ Spine
- ☐ Pelvis
- ☐ Hip(s) (R / L)
- ☐ Leg(s) (R / L)
- ☐ Hand(s) (R / L)
- ☐ Feet (R / L)
- ☐ Muscle Weakness
- ☐ Muscle Soreness
- ☐ Pins, Plate, Needles, Implants
- ☐ Artificial Joints
- ☐ Cosmetic Implants
- ☐ Arthritis
- ☐ Osteoporosis
- ☐ Other

Neurological

- ☐ Epilepsy
- ☐ Multiple Sclerosis
- ☐ Loss of Sensation
- ☐ Neuritis
- ☐ Other

Allergies

- ☐ Known Allergies or Hypersensitivities

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- ☐ Anaphylaxis
- ☐ Skin Irritations

Medical Conditions

- ☐ Diabetes
- ☐ Cancer
- ☐ Skin Conditions

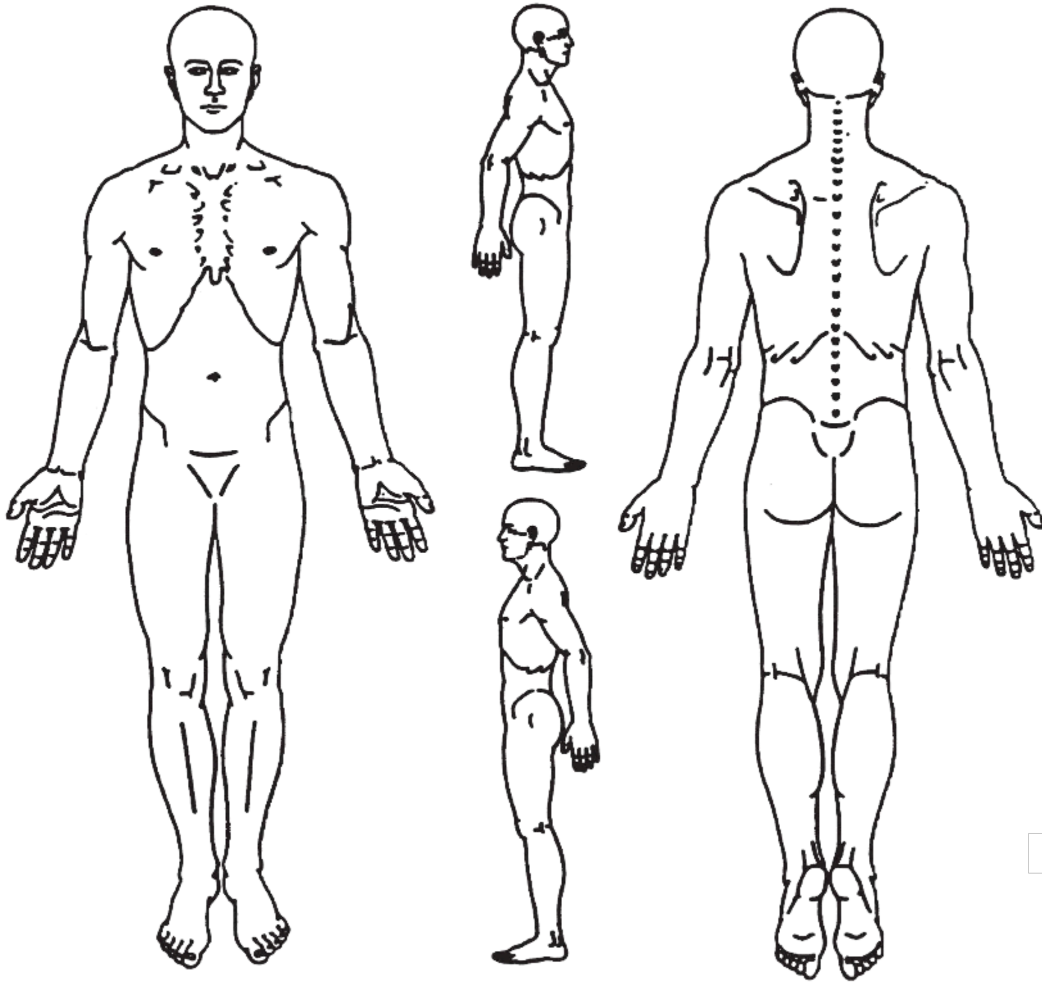
Reproductive

- ☐ Pregnancy\Nursing
- ☐ Endometriosis
- ☐ Pelvic Inflammatory Disease
- ☐ Prostate Condition
- ☐ Fibroids \ Cysts

Sensory

- ☐ Vision Problems
- ☐ Vision Loss
- ☐ Hearing Loss
- ☐ Altered Taste
- ☐ Altered Smell

Please circle any areas in which you experience pain or discomfort:



I, ___________________________, verify that the information given on this form is true to the best of my knowledge and consent to acupuncture treatments as described by the therapist. I authorize the release of any relevant medical information to help further my treatment. I am aware that payment is due after each individual acupuncture\TCM treatment unless otherwise stated or agreed upon.

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Signature ***Date***

Waiver of Liability, Indemnification and Medical Release

I, __________________________ hereby request and consent to acupuncture treatment(s), massage, and other procedures and modalities associated with Traditional Chinese Medicine (TCM) by Maryna Evans, RMT, R.Ac. I have discussed the nature and purpose of my treatment, and understand that methods of treatment may include, but are not limited to acupuncture, herbal medicine, nutritional counselling, moxibustion, cupping, massage and electrical stimulation. I understand that the diagnosis given to me conforms to the principles of (TCM) and is intended to work alongside any other diagnosis and treatment plan given by other health professionals including but not limited to my Doctor, Naturopath, RMT, Physiotherapist and so forth.

I have provided a full history and description of complaints and health status, which is complete and accurate. I understand that the need for communication with all of my health care providers regarding my health status is ongoing and necessary but that I may stop treatment at any point if the desired goals are not being met. I have been informed that acupuncture is a generally safe method of treatment that utilizes sterile needles and is done in a clean, safe environment. But, as with all medical procedures, TCM treatment may have side effects including: bruising, numbness or tingling, minor bleeding, broken needle, dizziness and fainting. Some very rare risks of acupuncture include pneumothorax and infection. Cupping may cause blistering and the risk of burns.

Often energy work may actually cause a temporary increase of symptoms, especially after the first one or two sessions and especially when the body has stuck energy or many toxins that need to exit the system. This process – if it happens at all - is known as a "Healing Crisis" and is usually quickly followed by profound improvements by the second or third week, if not sooner, depending on how quickly the body can eradicate the negative/stuck energy. I understand that Maryna Evans strongly recommends I see the "Healing Crisis" – if it happens at all – through to the end of its course so as not to leave my health at an unstable balance.

Herbs and nutritional supplements (from plant, animal and mineral sources) that have been recommended are traditionally considered safe in the practice of Chinese Medicine, although some may be toxic in large doses. I understand that some herbs are inappropriate during pregnancy. I also understand that Maryna Evans will do her best to moderate and adapt to any health changes I may experience by modifying herbal supplements and/or diet recommendations appropriately to my body's changing needs throughout the course of treatment.

By signing below I show that I have read this consent to treatment and understand the risks and benefits of acupuncture and other procedures. I intend this consent form to cover the entire course of treatment for my present and any future conditions for which I seek treatment.

Clinic Policy

- Please arrive 10-15 minutes prior to each appointment to allow for check-in.
- All bookings will require a credit card number.
- If you cannot for any reason make your scheduled appointment, please give at least 24 hours notice by calling the front desk. Appointments cancelled within 24 hours of the scheduled time will be charged 50% unless we can fill that spot for you from our cancellation list (which we will always try to do). Failing to show for an appointment with no contact within the same day of the appointment will be charged at 100% of the total treatment cost.
- Please dress for the treatment, i.e. loose fitting shorts, sports bra, tube or tank top, bikini garments, etc. to better facilitate the treatment.
- If you are unsatisfied for any reason, please let us know, as we want to do everything possible to help you achieve your health goals! If you are happy, have more energy, less pain and more freedom with your health please let your friends know!

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Signature | Date