



Clara Cohen: Registered Acupuncturist, DTCM

To assist in providing you with the best possible care, please fill out this form as accurately as you can. All the information provided will be kept confidential in your patient's file.

Date: _____	
Last Name: _____	First Name: _____
Date of birth: _____	
Address: _____	
Phone: _____	Email: _____

Reason for today's visit: _____

Do you have (or have had) any of the conditions below?

High/Low Blood pressure _____	Hepatitis _____	Arthritis _____
Diabetes: _____	Aids _____	Contagious illness _____
Neurological condition _____	Digestive problems _____	Respiratory disorder _____
Spinal or head injury _____	Osteoporosis _____	Kidney disorder _____
Cancer _____	Headaches _____	Jaw pain _____

Have you ever been hospitalized and/or treated for any infectious/serious condition or surgeries?

If yes please explain: _____

Please inform the practitioner if any of the following apply to you:

Haemophiliac _____	Wear a pacemaker _____
Have a serious heart or lung condition _____	Epilepsy _____
If you are taking anticoagulant medications _____	Do you have surgery scheduled? _____
Are you pregnant or is there any chance you might be _____	

Please, list prescription drugs you are currently taking:

Please list any supplement or herbal medicines you are currently taking:

Please list any allergies you may have:

Do you use the following? If so how often?

Cigarettes: _____

Marijuana: _____

Alcohol: _____

Other drugs: _____

Please list current physical activities: _____

On the figures below please circle the areas of pain/concern:



How did you hear about Chinese Medicine and Acupuncture being offered at this clinic?

Referral name : _____ Website _____ Sandwich Board _____

Other: _____

Patient Consent Form

Please read this information carefully, and ask Clara Cohen if there is anything that you do not understand. While acupuncture, Chinese Medicine and other treatments provided by Clara Cohen have proven to be highly effective in correcting conditions and maintaining overall well-being, Registered Acupuncturists in BC are required to advise patients that there may be some risks. Although acupuncturists cannot anticipate all the possible risks and complications that may arise with each individual case, you should be aware that the following side effects can occur.

Possible side effects of acupuncture:

Drowsiness or even fainting could occur in a very small number of patients. Minor bleeding or bruising can occur from acupuncture. Some symptoms may become worse before they improve for 1-2 days following treatment. This is usually a good sign. Please advise Clara Cohen if worsening of symptoms continues. Bruising is a common side effect of cupping.

Statement of Consent:

I confirm that I have read and understood the above information, and I consent to having treatments and procedures from Clara Cohen. I have read the possible risks of treatment outlined above, but do not expect the practitioner to be able to anticipate and explain all possible risks and complications of treatment. I also understand that I can refuse treatment at any time. I wish to rely on Clara Cohen to exercise judgment during the course of treatment which, based upon the facts then known, is in my best interests. I understand Clara Cohen may review my medical records and lab reports, but all my records will be kept confidential and will not be released without my written consent. By voluntarily signing below I show that I have read this consent to treatment, have been told about the risks and benefits of treatments provided by Clara Cohen, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of treatment for my present condition and further conditions for which I seek treatment.

Any questions regarding my appointments have been addressed. I have read this statement and fully understand it.

Date: _____

Print Name: _____

Signature: _____

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