



Living Waters Therapies
Traditional Chinese Medicine
Patient Intake Form (2 pages)

Form with fields for: Last Name, First Name, Date, Address, Apt #, City/Province, Postal Code, Date of Birth, Occupation, Home Phone, Cel #, Work#, E-mail, Acupuncture, Tuina Massage, Moxibustion, Herbal Medicine, Cupping, Other, Physicians, Emergency Contact, Current Medication, Chief complaint for treatment, Family Medical History, Your Past Medical History (with dates), Thyroid Disease, Birth trauma, Childhood illness, Accidents or significant trauma.

Please note that acupuncture and tuina massage are very safe. Occasional bruising, and post needling sensation may happen. Fainting may occur for new patients due to nervousness, hunger or extreme tiredness. Chinese herbs are also very safe and effective when recommended by qualified TCM practitioner.

Acupuncture/Chinese medicine and other TCM remedies are safe and effective for the prevention and treatment of a wide range of health problems, and for the promotion of general well being. Although Acupuncture/TCM are helpful for many health conditions, it is not intended to replace any tests or treatments recommended by your physicians. Please continue your medication prescribed by your physician while you receive TCM services at this clinic. Exemption of Liability clause:

I _____ hereby request and consent to receive Traditional Chinese Medical treatments including acupuncture, herbal medicine, and tuina massage from a TCM Practitioner of Living Waters Therapies. I testify that the above treatments and all its ramifications have been fully explained to me. *This can be signed after discussing treatment with your practitioner.

Name of Patient Signature of Patient Date



- Alcohol
- Marijuana
- Stress
- Regular Exercise
- Tobacco
- Drugs
- Occupational Hazards

General Symptoms

- Poor Appetite
- Heavy Appetite
- Strongly like cold drinks
- Strongly like hot drinks
- Recent weight Gain
- Recent weight loss
- Heavy Sleep
- Poor sleep
- Restless sleep
- Dream disturbed sleep
- Not rested in the morning
- Bodily heaviness
- Cold hands & feet
- Poor circulation
- Shortness of Breath
- Chills
- Night Sweats
- Sweats easily
- Muscle cramps
- Dizziness/Vertigo
- Fever
- Bleed or Bruises easily
- Fatigue
- Lack of strength

Head, Eyes, Ears, Nose, Throat

- Glasses
- Eye strain
- Eye pain
- Red eyes
- Dry eyes
- Itchy eyes
- Spots in eyes
- Poor/blurred vision
- Night blindness
- Glaucoma
- Cataracts
- Teeth problems
- Grinds teeth
- TMJ
- Facial pain
- Gum problems
- Jaw tension
- Canker sores (lips/tongue)
- Dry mouth
- Excessive saliva
- Sinus problems
- Excessive phlegm
- Phlegm Colour: _____
- Recurrent sore throat
- Swollen Glands
- Lumps in throat
- Enlarged thryoid
- Nose bleeds
- Ringing in ears
- Poor hearing
- Earaches
- Headaches
- Migraines
- Concussions

Other head/neck problems:

Respiratory and Cardiovascular

- Palpitations
- Tight chest
- Chest Pain
- Cough
- Dry or Wet? _____
- Thick or thin fluid? _____
- Colour of Phlegm: _____
- Coughing Blood
- Fast heart rate
- Irregular heart beat
- Asthma/Wheezing
- Difficulty breathing when lying down
- High Blood Pressure
- Low Blood Pressure
- Blood Clots

Gastrointestinal

- Nausea
- Vomiting
- Acid Reflux
- Bad Breath
- Diarrhea
- Constipation
- Laxative use
- Black stools
- Bloody stools
- Mucus in stool
- Undigested food in Stool
- Bowel Movements: _____
- Frequency _____
- Color: _____
- Brown/Black/Green/Yellow
- Bloating
- Gas
- Hiccups
- Bowels: _____
- Texture: Soft/Firm/Pellets
- Itchy anus
- Burning anus
- Hemorrhoids
- Intestinal pain/cramping
- Strong Smell of Stool

Musculoskeletal

- Neck tension/pain
- Shoulder tension/pain
- Upper back pain
- Lower back pain
- Knee Pain
- Carpal Tunnel/Wrist pain
- Jaw pain
- Rib pain
- Joint pain
- Limited use
- Limited range of motion
- Other (describe) _____

Skin and Hair

- Rashes
- Hives
- Ulcerations
- Eczema
- Psoriasis
- Acne
- Hair loss
- Dandruff
- Dry Scalp
- Change in hair texture
- Scalp Tension
- Itchy Scalp
- Other hair or skin problems _____
- _____

Neuropsychological

- Seizures
- Numbness
- Tics
- Poor memory
- Depression
- Anxiety
- Irritability
- Easily stressed
- Abuse survivor
- Considered/attempted suicide
- Seeing a therapist
- Other: _____
- _____

Genito-urinary

- Pain on urination
- Frequent urination
- Urgent urination
- Blood in urine
- Unable to hold urine
- Incomplete urination
- Venereal disease
- Bedwetting
- Wakes to urinate
- Increased libido
- Decreased libido
- Kidney stones
- Impotence
- Noturnal emission

Gynecology

- Age of Menses _____
- Length of Period _____ days
- Date of last period: _____
- Length of cycle _____ days
- Irregular periods
- Painful periods
- PMS
- Vaginal Discharge
- Color of discharge: _____
- Vaginal sores
- Vaginal Odor
- Clots
- Breast Lumps
-
- # of pregnancies _____
- # of live births _____
- Premature births
- Age of menopause: _____

Other: _____