New Patient Outline of Procedures for Care

Before Your Visit

- Please carefully read the included materials and fill out the Confidential New Patient Information Questionnaire

Step One

- A one-on-one consultation will be done to discuss your health problems and to determine what may be the cause. This consultation will also include an Oriental Medical Examination – including Classical Pulse Diagnosis and Tongue Diagnosis - to determine the precise cause of your problem(s).
- Please bring along any medical reports, x-rays, cat scans etc that relate to your presenting complaint
- Please allow 1 ¼ - 1 ½ hours for this visit

Step Two

- A 15 minute educational session will occur prior to your first treatment to allow you to understand the treatment and therapies being used and allow you to ask any questions
- You will receive your 1st treatment
- Please allow 1 ¼ hours for this visit

Step Three

- You will receive your 2nd and 3rd treatments
- Please allow 1 hour for these visits

Step Four

- At the conclusion of your 3rd treatment, your practitioner will outline your treatment plan detailing your expected number of treatments, duration of care and financial commitments

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Most patients that come to our office have one of two objectives in mind concerning their health care. Some patients come for symptomatic relief of pain or discomfort (relief care). Others are interested in having the cause of the problem as well as the symptoms corrected and relieved (corrective care). Your Acupuncturist will weigh your needs and desires when recommending your treatment program.

Please check the type of care desired so that we may be guided by your wishes whenever possible

☐ Relief Care ☐ Corrective Care

☐ Whatever your Acupuncturist thinks is appropriate for your condition

PLEASE READ CAREFULLY AND SIGN BELOW:
I understand and agree that all services rendered to me are charged directly to me and that I am directly responsible for payment.

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself.

I understand that TCR Acupuncture will prepare any necessary reports and forms to assist me in making collections from the insurance company.

I hereby authorize the Acupuncturist to treat my condition as he/she deems appropriate. I also agree that I am responsible for all bills incurred at this office.

Patient's Signature _____ Date _____

Consent to Treat a Minor _____ Date _____

Guardian or Spouse's
Signature Authorizing Care_____ Date _____

Confidential New Patient Information

First Name _____ Last Name _____

Address _____ City & Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

SSN # _____ Date of Birth _____

Emergency Contact Name _____ Emergency Contact Phone _____

Marital Status _____ Occupation _____

Referred by _____ Primary Care Dr. _____

E-Mail Address: _____

Insurance Information

Health Insurance Co. _____ Policy/ID # _____

Name on Card _____ Relationship to Patient _____ DOB _____

Seeking Treatment for

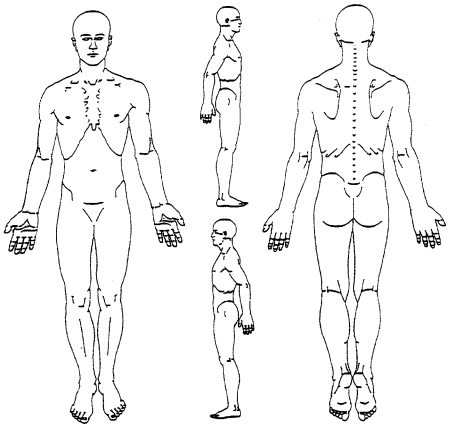
Please list ALL conditions for which you are seeking treatment, in order of significance to you.

1.		How long	Yrs/mo.
Therapies Tried		Did/Does it help?	Yes/No
Who is currently treating you for this?			
2.		How long	Yrs/mo.
Therapies Tried		Did/Does it help?	Yes/No
Who is currently treating you for this?			
3.		How long	Yrs/mo.
Therapies Tried		Did/Does it help?	Yes/No
Who is currently treating you for this?			

Additional Information – Please attach further pages if necessary

MEDICATIONS/SUPPLEMENTS/VITAMINS Please list ALL medications, supplements and vitamins you are taking – please include the dosage
Medications
Supplements
Vitamins
ALLERGIES - Please list ALL known allergies
SURGERIES/HOSPITALIZATIONS - Please list ALL surgeries/hospitalizations, the year they occurred and for what reason
EMOTIONAL/PHYSICAL TRAUMA - Please list ALL emotional and physical traumas (death, divorce, births, car accidents etc)

PAIN- indicate on the diagram where you experience pain



Is the pain:

□ Sharp □ Burning □ Aching
□ Cramping □ Dull □ Moving
□ Fixed □ Other: _____

Do the following improve the pain?

□ Pressure □ Cold □ Heat
□ Exercise □ Rest

Do the following worsen the pain?

□ Pressure □ Cold □ Heat
□ Other: _____

MEDICAL HISTORY – please check any tests taken in the last 12 months

□ Physical □ Cholesterol □ Blood workup □ Thyroid □ Colonoscopy □ Stress Test
□ MRI □ X-rays □ CAT scan □ Mammogram □ Pap smear □ Prostate
□ HIV/AIDS □ Hepatitis A/B/C
□ Other: _____

Significant Results

_____
_____

Please check any of the following that currently pertain to you:

Overall Temperature (Yin & Yang)

The following symptoms indicate an imbalance of Yin and Yang in your body. In Oriental Medicine, Yin is the cool, moist, nourishing aspect of the body. Yang is the hot, dry, invigorating aspect of the body.

□	Cold hands	□	Cold fingers
□	Cold feet	□	Cold toes
□	Sweaty hands	□	Sweaty feet
□	Hot body temperature (sensation)	□	Cold body temperature (sensation)
□	Afternoon flushes	□	Night sweats
□	Heat in the hands, feet & chest	□	Hot flashes any time of the day
□	Thirsty	□	Perspire easily
□	Lack of perspiration	□	Take water to bed

Overall Energy (Lung, Kidney function)

□	Shortness of breath	□	Difficulty keeping eyes open in the daytime
□	General weakness	□	Easily catch colds
□	Low energy	□	Feel worse after exercise

Overall Blood (Liver, Spleen, Heart function)

□	Dizziness	□	See floating black spots

Heart Function

The following symptoms are indicators of heart malfunction. The heart governs the blood and blood vessels, manifests on the complexion, governs the emotions, and affects speech and taste controls and perspiration.

□	Palpitations	□	Anxiety
□	Sores on the tip of the tongue	□	Restlessness
□	Mental confusion	□	Chest pain traveling to the shoulder
□	Frequent dreams	□	Wake unrefreshed
□	Drink coffee (# cups per day :_____)		

Lung Function

The following symptoms are indicators of lung malfunction. The lungs govern breathing, control the movement of energy, control the immune system, regulate water passages, control the skin and open the nose, throat and sinuses.

- □ Nasal Discharge (Color: _____)
- □ Nose Bleeds
- □ Dry mouth
- □ Dry nose
- □ Allergies (To what: _____)
- □ Alternating fever and chills
- □ Headache (Location: _____)
- □ Stiff neck
- □ Sore throat
- □ Smoke cigarettes (# per day:_____)
- □ Melancholy
- □ Cough
- □ Sinus Congestion
- □ Dry throat
- □ Dry skin
- □ Sneezing
- □ Overall achy feeling in the body
- □ Stiff shoulders
- □ Difficulty breathing
- □ Sadness

Spleen Function

The following symptoms are indicators of spleen malfunction. The spleen assists in breaking food down into usable nutrients and then transports those nutrients throughout the body, keeps the blood in the blood vessels, governs the muscles, manifests in the lips and holds the organs up in the body.

- □ Low appetite
- □ Abrupt weight loss
- □ Abdominal gas
- □ Fatigue after eating
- □ Easily bruised
- □ Pensive
- □ Worry
- □ Abrupt weight gain
- □ Abdominal bloating
- □ Gurgling noise in the stomach
- □ Prolapsed organs (prev. diagnosed, where :_____)
- □ Hemorrhoids
- □ Over-thinking

Spleen, Stomach, Large Intestines, Small Intestine Function

- □ Loose
- □ Incomplete stools
- □ Blood in stools
- □ Undigested food in stools
- □ Constipated
- □ Diarrhea
- □ Mucous in stools

Dampness Trapped in the Body

The following symptoms are indictors of "dampness" which simply refers to fluids that are not metabolized effectively and cause health problems in the body.

- □ Mental heaviness
- □ Mental fogginess
- □ Swollen feet
- □ Chest congestion
- □ Snoring
- □ Mental sluggishness
- □ Swollen hands
- □ Swollen joints
- □ Nausea
- □ General sensation of heaviness in the body

Stomach Function

The following symptoms are indicators of stomach malfunction. The stomach controls the breakdown of food and nutrients, descends the energy and is the origin of the body's fluids.

- □ Burning sensation after eating
- □ Bad breath
- □ Bleeding, swollen or painful gums
- □ Acid regurgitation
- □ Belching
- □ Stomach pain
- □ Large appetite
- □ Mouth (canker) sores
- □ Heartburn
- □ Ulcer (diagnosed)
- □ Hiccoughs
- □ Vomiting

Liver, Gall Bladder Function

The following symptoms are indicators of liver malfunction. The liver stores the blood, ensures the smooth flow of energy throughout the body, nourishes the tendons and ligaments, manifests in the nails and opens in the eyes. The gall bladder stores bile, which breaks down fats.

- □ Chest pain
- □ Tight sensation in chest
- □ Anger easily
- □ Depression
- □ Frequently unable to adapt to stress (What causes the stress? _____)
- □ Skin rashes
- □ Tingling sensation
- □ Muscle spasms
- □ Muscle cramps
- □ Convulsions
- □ Neck tension
- □ Shoulder tension
- □ Hip pain
- □ High-pitched ringing in ears
- □ Gall stones (history or current)
- □ Alternating diarrhea & constipation
- □ Bitter taste in mouth
- □ Frustration
- □ Irritability
- □ Headache at the top of the head
- □ Numbness
- □ Muscle twitching
- □ Seizures
- □ Lump in the throat
- □ Limited range of motion – neck
- □ Limited range of motion - shoulder
- □ Drink Alcohol (Type? _____, How much/week? ____)
- □ Recreational Drugs (Which?_____ How often? _____)
- □ Sexually transmitted diseases (Which? _____)

Eyes (Liver function)

- □ Itchy
- □ Hot
- □ Watery
- □ Blurry vision
- □ Near-sighted
- □ Bloodshot
- □ Dry
- □ Gritty
- □ Decreased night vision
- □ Far-sighted

Kidney, Urinary Bladder Function

The following symptoms are indicators of kidney or urinary bladder malfunction. The kidney and adrenal system govern birth/growth/reproduction/development, produce the bone marrow, nourish the brain, control the bones, govern water, open to the ears, manifest the hair, and control the ureter/spermatic duct and lower section of the large intestine. The urinary bladder stores and eliminates impure fluids from the body.

- □ Frequent cavities
- □ Sore knees
- □ Cold sensation in the knees
- □ Memory problems
- □ Low-pitched ringing in ears
- □ Bladder infections
- □ Lack of bladder control
- □ Easily startled
- □ Easily broken bones
- □ Weak knees
- □ Low back pain
- □ Excessive hair loss
- □ Kidney stones
- □ Wake during night to urinate twice or more
- □ Fear

Urination

- □ Normal color
- □ Reddish
- □ Profuse
- □ Painful
- □ Urgent
- □ Dark yellow
- □ Cloudy
- □ Strong odor
- □ Discharge
- □ Frequent
- □ Clear
- □ Scanty
- □ Burning
- □ Difficult

Libido

- □ Normal
- □ High
- □ Low

Women Only

Menstrual Cycle

Regular Menstrual Cycle □ Yes □ No

Pregnant □ Yes □ No

Number of Pregnancies: _____ Number of children: _____

Age of First Menstruation: _____ Age of Menopause (if applicable): _____

Average number of days of flow: _____ Average number of days of entire cycle: _____

Do you experience:

□ vaginal discharge □ Bleeding between periods

Do you experience any of the following pre-menstrual symptoms?

□ nausea □ vomiting □ food cravings

□ water retention □ breast swelling □ headaches

□ migraines □ breast tenderness □ depression

□ irritability □ anxiety

□ other emotions: _____

□ dull pain (Where? _____)

□ sharp pain (Where? _____)

Please fill in the following menstrual chart: First day of last menstrual period:_____

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Color – normal, bright red, pale, brown, rust, dark, purple, other							
Amount of Flow – normal, heavy, light							
Pain/cramps – location, dull, sharp, other							
Clots – large, small, black, purple, red, other							
Vomiting – yes, no							
Nausea – yes, no							
Other							

Men Only

□ Swollen testes □ Testicular Pain □ Impotence

□ Premature ejaculation □ Feeling of coldness/numbness in external genitalia

□ Other: _____

Practitioner Notes:

All please fill out:

Other Comments: _____

_____

Patient Signature: