

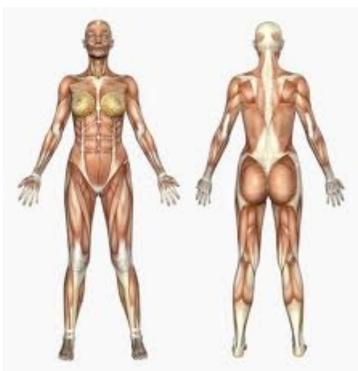
# Clara Cohen: Registered Acupuncturist, DTCM

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:						
		:				
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	n the practitioner if any of	f the following apply to you:				
Haemophiliac		Wear a pacemaker				
Have a serious heart or lung condition		Epilepsy				
If you are taking anticoagula		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:						
<b>Do you use the following? If so h</b> Cigarettes:	ow often?  Marijuana:					
Alcohol:	Other drugs:					
Please list current physical activiti	es:					

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



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How did you hear abo	out Chinese	<u> Medicine ai</u>	<u>nd Acupunctı</u>	<u>ure beii</u>	ng offered at this clinic?
Referral name :			Webs	ite	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:	<u> </u>
Print Name:	_
Signature:	