

# Bellinghen Community Acupuncture & Shiatsu Clinic

## PATIENT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

DOB \_\_\_ / \_\_\_ / \_\_\_ Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_

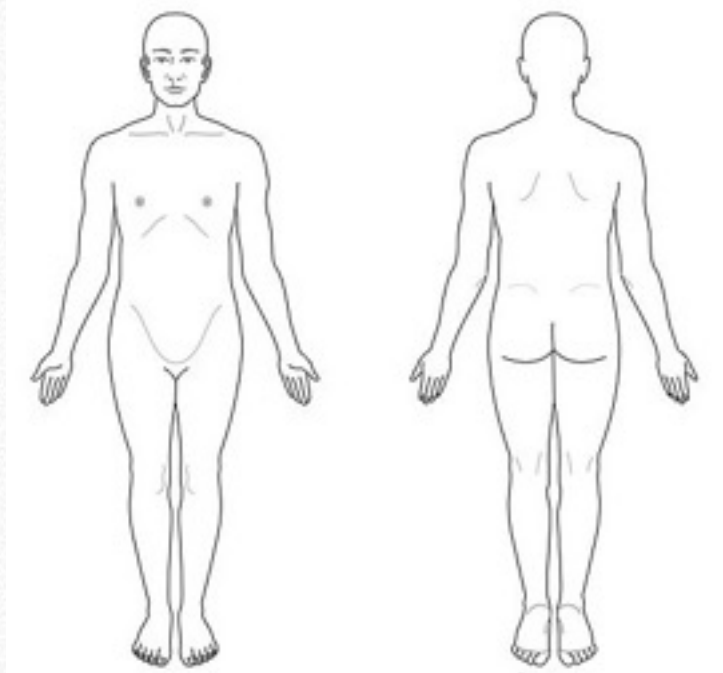
Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Hobbies \_\_\_\_\_

Are you Pregnant or Breastfeeding? **Y / N (Circle)** Email Address \_\_\_\_\_

What is your **main issue** you would like treated today? \_\_\_\_\_

What are your top three health issues **1)** \_\_\_\_\_ **2)** \_\_\_\_\_ **3)** \_\_\_\_\_.



### Medical History

Please mark and describe in detail all areas of pain, discomfort or any other symptoms  
Plus any medications you are taking and what they are for

Have you ever suffered from... (tick ✓ for current issue, cross × for previous issue)

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Allergies      | <input type="checkbox"/> Cardiac Disease | <input type="checkbox"/> Headache       | <input type="checkbox"/> Menstrual Issues |
| <input type="checkbox"/> Skin Issues    | <input type="checkbox"/> Chronic Fatigue | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Tumors           |
| <input type="checkbox"/> Asthma         | <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Depression     | <input type="checkbox"/> Infections       |
| <input type="checkbox"/> Arthritis      | <input type="checkbox"/> Epilepsy        | <input type="checkbox"/> Anxiety        | <input type="checkbox"/> Stroke           |
| <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Fractures       | <input type="checkbox"/> Insomnia       | <input type="checkbox"/> HIV / Hep C      |

There are rare occasions in which massage, acupuncture, shiatsu, cupping, or moxibustion result in adverse side effects. These side effects include, but are not limited to, bruising, worsening of symptoms, stiffness / soreness of muscles and joints, drowsiness & dizziness. It is important to let your therapist know of any discomfort you feel. By signing below you acknowledge that you are aware of the potential for adverse effects and give your consent to receiving the above treatments.