

3189A Yonge Street TORONTO, ON M4N 2K9 (416) 551-2352

www.CentreforJapaneseAcupuncture.ca

TREATMENT RECORD

FIRST	LAST		
NAME	NAME		
HOME ADDRESS A	\PT#	CITY / PROVINCE	POSTAL CODE
PHONE NUMBER HOME ()		Work / Cell ()	
OCCUPATION	EMAIL	ADDRESS	
FAMILY PHYSICIAN OR CLINIC		PHONE NUMBER	()
EMERGENCY CONTACT		PHONE NUMBER	()
DATE OF BIRTH (D / M / Y)			
HAVE YOU EVER BEEN DIAGNOSED WITH ANY OF	THE FOLLOW	ING MEDICAL CONDITIONS:	
HEART DISEASE		Y	'ES / No
EXCESSIVE BLEEDING OR BRUISING		Υ	'ES / NO
EPILEPSY, SEIZURES OR FAINTING		Υ	'ES / No
DISEASE TRANSMITTED BY BLOO	d (i.e. Hepat	ıтıs, HIV) Y	'ES / NO
REASON FOR SEEKING ACUPUNCTURE TREATMENT	NT:		
HAVE YOU SEEN A PHYSICIAN ABOUT THIS? WHA	AT IS THE MED	ICAL DIAGNOSIS?	
How did you hear about us? (Professional	REFERRAL /	FRIEND / ONLINE SEARCH.	ETC.)

FEES

Introductory 15 minute consultation: Free Initial consultation and treatment: \$100 Follow up acupuncture treatment: \$80

Follow up treatment from Takamasa Tsurusaki R.Ac: \$90

RESCHEDULING OR CANCELLING AN APPOINTMENT

Please give 24 hours notice to change or cancel a scheduled appointment.

INSURANCE

The cost of acupuncture treatments is not currently covered by OHIP. If you have coverage through a private health plan it is your responsibility to seek reimbursement from your health insurer. A receipt will be issued at the end of each treatment.

PREPARING FOR A TREATMENT

It is recommended to eat a light meal 1-2 hours before an acupuncture treatment. If you feel light headed or tired following a treatment you may wish to avoid driving a vehicle for several hours afterwards.

QUALIFICATIONS

A Registered Acupuncturist (R.Ac) is trained exclusively in acupuncture and Chinese medicine. A Registered Acupuncturist has no western medical training and is not qualified to provide professional advice on any medical diagnosis, treatment or medication prescribed by a physician.

CONSENT TO TREATMENT

An acupuncture treatment consists of the gentle insertion of sterilized one-time-use needles into skin and muscle tissue. A slight sting might be felt when the needles are inserted, however, the sensation of the needles should fade within a few seconds. In additional to the insertion of needles, a treatment might include palpation, acupressure, moxibustion (heat therapy) or cupping. Consent to treatment can be withdrawn at any time during the treatment should you feel pain or discomfort and wish to stop the treatment.

have read and understood the above statements.		
Patient's Name	Date	
Practitioner's Name	 Date	

Medical History Any problems at birth or during delivery _____ Surgery, Accidents, Major Illnesses, Injuries or Hospitalizations: Age:_____ List all prescription medication: Special diet or food restrictions: List all major illnesses in your immediate family (such as diabetes, heart disease, cancer, neurological disorders, blood disorders, orthopaedic disorders, etc.): Do you have any scars? Note location of all surgical or injury scars (even minor ones):

Conditions and Symptoms List



any conditions or symptoms that you currently experience or have experienced in the past

General: Insomnia ● Sleep not restorative ● Fatigue ● Low energy ● Weakness ● Chronic pain ● Car, sea or air sickness ● Unusual sweating ● Never sweat ● Difficulty concentrating ● Headaches ● Always cold ● Always hot

Gastrointestinal: Constipation ● Diarrhea ● Irritable bowel ● Lack of appetite ● Stomach pain ● Indigestion ● Acid reflux ● Bloating ● Intestinal gas ● Belching ● Ulcer ● Gastritis ● Lack of stomach acid ● Hemorrhoids ● Appendicitis ● Appendix removed ● Gall stones ● Gall bladder attack ● Gall bladder removed ● Peritonitis ● Pancreatitis ● GI polyps ● GI tumour

Heart and Vascular: Fast pulse (over 100 beats/minute) ● Slow pulse (less than 60 beats/minute) ● Palpitations ● Irregular heart beat ● Pressure in the chest ● Shortness of breath ● Chest pain ● Dizziness ● Cold hands ● Cold feet ● Raynaud's disease ● Flushed face ● Anemia ● High or Low blood pressure ● Frequent urination (daytime or night time)

Hormonal: Hypothyroid ● Hyperthyroid ● Hashimoto's disease ● Diabetes ● Low blood sugar ● Pituitary imbalance ● Migraines ● Mood swings ● Low sex drive

Female: Irregular menstruation ● Cramping ● Heavy or light bleeding ● PMS ● Menopausal symptoms ● Tubal ligation ● Infertility ● Yeast infection ● Bladder infection ● Endometriosis ● Ovarian cyst ● Uterine fibroid ● Miscarriage

Male: Impotence ● Erectile disfunction ● Prostatitis ● Enlarged prostate ● Vasectomy

Infections, Autoimmune and Inflammatory conditions: Easy to catch colds ● Low immunity ● Constant low fever ● Glomerulonephritis (kidneys) ● Rheumatoid Arthritis ● Lupus ● Colitis ● Crohn's disease ● Celiac disease ● Seasonal allergies ● Food allergies ● Cellulitis ● Atopic dermatitis ● Neurodermatitis ● Mononucleosis ● Kidney stones

Connective tissue, ligament, bone disease: Osteoporosis ● Fibromyalgia ● Tendonitis ● Plantar fasciitis ● Osteoarthritis ● Joint pain ● Low back pain ● Degenerative arthritis in the spine

Ear, Nose & Throat: Deafness ● Tinnitus ● Vertigo ● Ear infections ● Ear pain ● Sinus infections ● Sinus headaches ● Swollen glands ● Deviated septum ● Constant sinus congestion ● Post-nasal drip ● Dry or itchy throat ● Streptococci throat infections ● Sore throat

Oral disease: Bleeding gums ● Periodontitis ● TMJ syndrome ● Stomatitis ● Toothaches

Skin: Eczema ● Psoriasis ● Acne ● Rashes ● Itching ● Dermatitis ● Fungal infection

Respiratory: Asthma ● Bronchitis ● Emphysema ● Chronic cough ● Wheezing ● Pneumonia

Medication and Drug use: Prolonged use of antibiotics, corticosteroids or prescription pain medication • Birth control pill • Cigarettes • Alcohol • Cocaine • Marijuana • Other drugs