Acupuncture New Patient Form

Information collected is confidential and will not be shared with any third parties.

<table>
<tr><td colspan="4">Name:</td></tr>
<tr><td colspan="4">Address:</td></tr>
<tr><td colspan="2">City:</td><td>Prov:</td><td>Postal Code:</td></tr>
<tr><td colspan="2">Home Phone:</td><td colspan="2">Mobile:</td></tr>
<tr><td colspan="4">Email:</td></tr>
<tr><td colspan="2">Date of Birth:</td><td colspan="2">Gender: Male Female</td></tr>
<tr><td colspan="4">Occupation:</td></tr>
<tr><td colspan="2">Emergency Contact:</td><td colspan="2">Phone:</td></tr>
<tr><td>Extended Health Insurance Company:</td><td colspan="2">Policy #</td><td>ID #</td></tr>
<tr><td colspan="4">How did you hear of us?</td></tr>
<tr><td colspan="4">Please list any allergies:</td></tr>
<tr><td colspan="4">Please list all medications and/or supplements:</td></tr>
<tr><td colspan="4">Significant Trauma and/or Major Surgeries (type and date):</td></tr>
<tr><td colspan="4">Personal Health History (Please check if any of the following apply)

AIDS / Diabetes / Hepatitis
Alcoholism / Emphysema / High Blood Pressure
Asthma / Epilepsy / Multiple Sclerosis
Allergies / Endocrine Disorder / Pregnancy
Anemia / Gout / Thyroid Disease
Arteriosclerosis / Heart Disease / Childhood Illnesses</td></tr>
<tr><td colspan="4">Note: 24 hours notice for cancellation of Acupuncture or Massage Appointment

I understand I will incur and be responsible for a fee of $30 for same day cancellation or a missed appointment. Initial here:_____________________</td></tr>
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Acupuncture Consent Form

I __ (First and Last Name) __ hereby agree and consent to the performance of acupuncture and other Traditional Chinese Medicine modalities performed by a Registered Acupuncturist in the province of Alberta. I understand that such procedures may include, but are not limited to:

- Acupuncture: disposable stainless steel needles inserted at specific points in the body to treat various ailments
- Cupping: suction cups are applied to specific points on the body
- Electro-acupuncture: acupuncture needles are electrically stimulated at various high frequencies to cause relaxation of the muscles and analgesia of the area of pain involved
- Moxibustion: Herbal heat is applied to specific acupuncture points
- Gua Sha: superficial dermal friction is applied to the skin
- Exercise and/or nutritional counselling based on TCM theories
- Herbal Medicine counselling

I understand that while generally painless there are possible side effects from the above mentioned treatments such as: bruising, numbness or tingling, dizziness or fainting, weakness, tiredness, nausea, minor swelling, bleeding, temporary pain or discomfort, hematoma at puncture site or blistering at Moxabustion site. A sensation of light-headedness may occur after acupuncture treatment and/or temporary aggravation of existing symptoms.

By voluntarily signing below I hereby certify that I have read this entire form, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions with regards to the modalities described above. Additionally, I have consulted with a physician or dentist (as appropriate) about the condition for which acupuncture treatment is now being sought.

I intend this consent form to cover the entire course of treatment to be performed for my present condition and for any future condition(s) for which I seek treatment. Also, at any given time throughout the treatment, I may request the practitioner to stop, modify or change the treatment plan.

________________________________ Signature

________________________________ Date