



Traditional & Contemporary Acupuncture

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Gregory Cockerill, R.Ac

First Name: _____ Last Name: _____

Birthdate: _____ Gender: Female Male

Address: _____

Phone: cell: _____ work: _____

Email: _____

Emergency Contact: _____

Phone Number: _____

Marital Status:

married single divorced partnership widowed

Children: _____

Occupation: _____ Employer: _____

Please list chief complaints and/or reason for seeking treatment:

Have you received any medical diagnosis for above complaints?

What previous treatment, if any, have you received?

Please circle any of the following that pertain to you:

Hepatitis

Blood Thinners

HIV

Anti-Depressants

Seizures

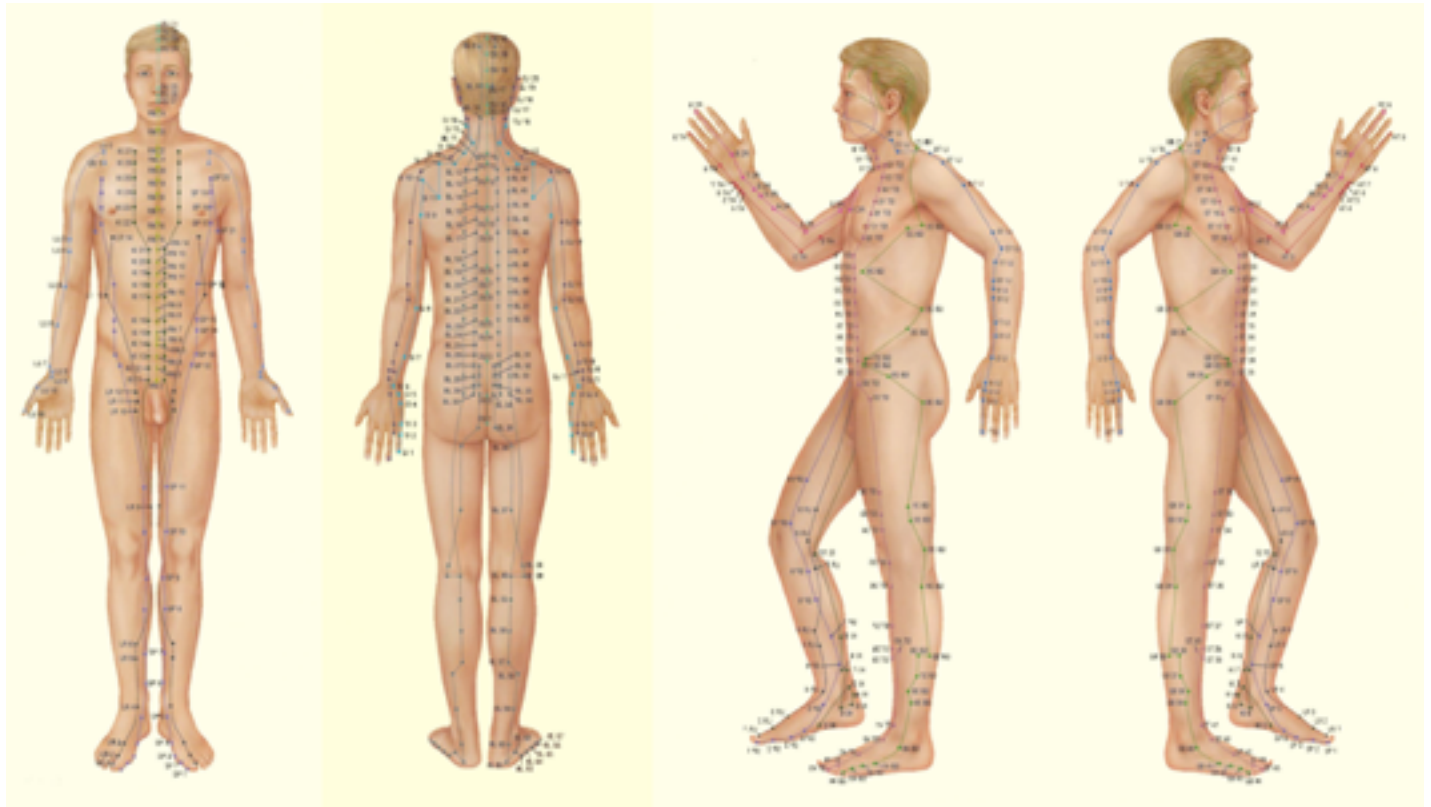
Pacemaker

High Blood Pressure

Pregnancy

Please list any medications, herbs, or supplements you are currently taking:

If you are experiencing pain, please indicate on the figures below.



How would you describe the pain from the following:

dull/achy

sharp/stabbing

electric

burning

tingling

numbness

Please check all that apply:

Qi

- general tiredness
- lack of morning energy
- weakness of limbs
- spontaneous sweating
- poor appetite
- hunger w/o desire to eat
- loose stools
- dislike of speaking
- bearing down sensation in abdomen
- discomfort in abdomen
- chest distention
- depression
- frequent sighing
- feeling of a lump in throat
- inability to digest fats

Blood

- dizziness
- palpitations
- dull complexion
- numbness and tingling
- weak muscles
- muscle cramps
- poor memory
- blurry vision
- floaters in vision
- dry eyes
- pale lips
- white nails
- difficulty staying asleep

Body Fluids

- dry Mouth, nose, lips, eyes
- cracked lips
- dry cough
- dry Skin
- hoarse voice
- lack of sweating
- scanty urination

Yin/Yang

- hot body temperature
- cold body temperature
- preference for hot drinks
- preference for cold drinks

Elimination

- dark urine
- scanty urine
- blood in stool
- blood in urine
- abundant clear urine
- dribbling after urination

Stomach (Spleen/Earth)

- excessive thirst
- lack of thirst
- sticky taste
- bleeding gums
- foul breath
- excessive hunger
- borborygmous (stomach growling)
- burning sensation in stomach
- loose stool
- vomiting
- heartburn
- nausea
- prolapse
- racing thoughts
- craving sweet food
- edema
- difficulty getting to sleep
- mental restlessness
- food allergies
- over-thinking
- odorous sweat

Lung (Large-Intestine/Metal)

- shortness of breath
- asthma
- cough
- sinus problems
- environmental allergies
- diminished sense of smell
- skin problems
- fear
- expectoration of phlegm
- rattling sound with voice
- nose bleeds

Liver (Gallbladder/Wood)

- distention in the ribs
- irritability
- outbursts of anger
- breast distention
- sour regurgitation
- hiccups/ belching
- mouth ulcers
- eye problems
- gallstones
- headaches
- stress
- timidity
- anxiety
- craving sour food
- dream disturbed sleep

Heart (Small-Intestine/Fire)

- palpitations
- high blood pressure
- low blood pressure
- easily startled
- shortness of breath on exertion
- Pale complexion
- tongue ulcers
- stuffiness in the chest
- cold hands
- stabbing chest pain
- sadness
- craving spicy food

Kidney (Urinary Bladder/Water)

- low back pain
- knee problems
- weak or cold legs
- decreased libido
- impotence
- infertility
- night sweating
- tinnitus
- metallic taste in mouth
- deafness
- hot flashes
- feelings of heat in palms or feet
- depression
- lack of initiative
- craving salty food
- waking to urinate
- dark urine
- scanty urine
- blood in stool
- blood in urine
- abundant clear urine
- dribbling after urination

Lifestyle

Please list by percentage the amount of foods that you eat and detail:

% Meat: _____

% Vegetable: _____

% Fruit: _____

% Grain: _____

% Dairy: _____

% Sweets, Soda, Candy, Synthetic foods: _____

How much fluid do you consume and please describe:

How much of the following to you consume:

Coffee or Tea: _____

Nicotine: _____

Alcohol: _____

Illicit (confidential): _____

How do you spend spare time/What do you do to relax?:

Do you have an ethos, religious or spiritual practice or belief that guides your life and/or decision making process?

Exercise:

Please characterize your physical lifestyle, including frequency and type of exercise.

Your treatment may include a range of modalities which may include acupuncture, moxabustion, electro-acupuncture, cupping, tui-na (massage), nutritional or exercise therapy, and herbal medicines. It is your own body that does the healing, your acupuncturist supplies a stimulus. Your participation in your well-being is important! Risks are very minimal and rare with Acupuncture and Traditional Chinese Medicine, but they are present. Please always feel free to ask questions so that you are confident in the direction in which you proceed. All treatments will be discussed as is appropriate before any treatment is done.

Signature of Patient

Date

Thank you,
Gregory Cockerill, R.Ac