



## PATIENT INTAKE FORM

### Traditional Chinese Medicine (TCM)

(Please Print)

Today's Date: \_\_\_\_\_ First Name \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth (m/d/y): \_\_\_\_\_

Gender: \_\_\_\_\_ Occupation: \_\_\_\_\_ Physician: \_\_\_\_\_

Physician's phone #: \_\_\_\_\_ Address: \_\_\_\_\_

Other Therapeutic Treatments: \_\_\_\_\_  
\_\_\_\_\_

Insurance Coverage:  No  Yes; Name of Insurance Company: \_\_\_\_\_

Main reason for visit: \_\_\_\_\_  
\_\_\_\_\_

Significant illnesses:

- Cancer  Diabetes  High Blood Pressure  Seizures  
 Arthritis  PMS  Muscle Spasms  Heart Disease  
 Rheumatic Fever  Thyroid Disease  Sciatica  
 Other: \_\_\_\_\_

Sexually Transmitted Disease: \_\_\_\_\_

Medications (please list ongoing medications, including Birth Control): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Surgeries / Trauma: \_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Exercise (type and frequency): \_\_\_\_\_  
\_\_\_\_\_

Habits (type and frequency):

- Cigarettes: \_\_\_\_\_  Caffeine: \_\_\_\_\_  Alcohol: \_\_\_\_\_  
 Drugs: \_\_\_\_\_  Other: \_\_\_\_\_

Please check if have had any of these symptoms in the last three months:

General

- Poor Appetite
- Poor Sleep
- Fatigue
- Fevers
- Chills
- Night Sweats
- Sweats Easily
- Tremors
- Localized Weakness
- Poor Balance
- Bleed/Bruise Easily
- Weight Loss
- Weight Gain
- Peculiar Tastes/Smells
- Strong thirst (hot or cold drinks)
- Sudden energy drop (time of day: \_\_\_\_\_)

Skin and Hair

- Rashes
- Ulcerations
- Hives
- Itching
- Pimples
- Eczema
- Dandruff
- Loss of hair
- Recent Moles
- Change in hair or skin texture
- Any other hair or skin problems: \_\_\_\_\_

Head, Eyes, Ears, Nose and Throat

- Concussions
- Migraines
- Blurry Vision
- Eye Strain
- Eye Pain
- Poor Vision
- Poor night vision
- Cataracts
- Earaches
- Spots in front of eyes
- Ringing in ears
- Poor hearing
- Jaw Clicks
- Sinus problems
- Nose bleeds
- Grinding Teeth
- Facial Pain
- Sores on lips/tongue
- Teeth Problems
- Headaches
- Recurrent sore throats
- Other head or neck problems: \_\_\_\_\_

Cardiovascular

- High Blood Pressure
- Low Blood Pressure
- Chest Pain
- Irregular heartbeat
- Dizziness
- Fainting
- Cold hands or feet
- Swelling of hands
- Swelling of feet
- Blood clots
- Phlebitis
- Difficulty breathing
- Other cardiovascular problems: \_\_\_\_\_

Respiratory

- Cough
- Coughing blood
- Phlegm Colour of Phlegm: \_\_\_\_\_
- Bronchitis
- Pneumonia
- Asthma
- Pain with deep breathe
- Difficulty breathing lying down
- Other lung problems: \_\_\_\_\_

Gastrointestinal

- Nausea
- Vomiting
- Diarrhea
- Constipation
- Gas
- Hiccup
- Black stools
- Blood in stools
- Indigestion
- Bad breath
- Rectal pain
- Hemorrhoids
- Abdominal pain or cramps
- Laxative use
- Other problems with stomach or intestine: \_\_\_\_\_

Urinary

- Pain on urination
- Frequent urination
- Uncontrolled bladder
- Cloudy urination
- Blood in urine
- Night-time urination

Obstetrics and Gynecology

- Clots
- Irregular period
- Unusual character
- Vaginal discharge
- Light/Heavy/bleeding
- Vaginal sores
- Breast lumps
- Menstrual cramps or pains; please describe:

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Changes in body/psyche prior to or during menstruation/ PMS symptoms:

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Musculoskeletal

- Neck pain
- Muscle pain
- Knee pain
- Back pain
- Muscle weakness
- Foot/ankle pain
- Hand/wrist pain
- Shoulder pain
- Hip pain
- Other joint or bone problems: \_\_\_\_\_

Neuropsychological

- Seizures
- Bad Temper
- Anxiety
- Areas of numbness
- Concussion
- Poor memory
- Depression
- Easily susceptible to stress

Other neurological or psychological problems: \_\_\_\_\_

Please inform us of any other problems you would like to discuss:

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Please note that Acupuncture is safe when performed a regulated professional.  
Occasional bruising, and post needling sensation may happen.  
Fainting may occur for new patients due to nervousness, hunger or extreme tiredness.  
Chinese herbs are also very safe and effective when recommended by qualified TCMP.  
Occasional abdominal upset may occur although this can be a normal response of the body to the treatment.  
If you have any concerns please do not hesitate to ask.  
Coverage is provided by some extended healthcare plans, please check with your employee benefits.  
Payments can be made with cash, debit card or credit card. Please ask us about our special packages.  
**The clinic requires 24 hours notice when canceling an appointment. Fees may be applied for missed appointments.**

## Authorization for treatment

I understand the nature of the treatment provided by TCMP Bingxi Liu, and agree to work with him to attain my optimum health. I will provide as much background information as necessary and I realize that this information is confidential and is strictly used for the benefit of my treatment.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_