

Dundas Acupuncture and Traditional Chinese Medicine

A Division of Dundas Chiropractic Centre

360 Dundas Street East, Unit B4 Oakville, Ontario L6H 2E9 (905) 257 - 5628

CASE HISTORY FORM

Name: _____ Date: _____

Address: _____

Telephone: Home _____ Apt# _____ City/Town _____ Postal Code _____
Business: _____

Date of Birth _____ Age: _____ Sex: ___ M ___ F

Occupation: _____ Where did you first hear about our office: _____

**PRIMARY
INSURANCE**

Max Acupuncture Coverage: \$ _____

Insurance Year End: _____

**SECONDARY
INSURANCE**

Max Acupuncture Coverage: \$ _____

Insurance Year End: _____

OTHER SERVICE EXTENDED HEALTH INSURANCE COVERAGE

Chiropractic

Chiropractic Coverage: \$ _____

Insurance Year End: _____

Massage Therapy

Massage Therapy Coverage: \$ _____

Insurance Year End: _____

Chiropody (Foot Care)

Chiropody Coverage: \$ _____

Insurance Year End: _____

Significant Illness: (please circle)

Asthma, Alcoholic, Arthritis, Cancer, Diabetes, High Blood Pressure, Heart Disease, HIV(+), Seizures,
Significant Trauma (car accident, falls, etc...), Thyroid Disease, Allergies, Other: _____

Chief Complaints: _____

Current Medication: _____

Please note that Acupuncture is very safe. Occasional bruising or post needling sensation may happen. Fainting may occur for new patients due to nervousness, hunger, or extreme tiredness. Chinese herbal medications are also very safe and effective when recommended by qualified Traditional Chinese Medicine doctors. Occasional abdominal upset, diarrhea, insomnia, and sweating, may happen although this can be the response of the treatment. If you have any concerns please do not hesitate to ask.

I hereby request and consent to receive Traditional Chinese Medicine treatments including acupuncture, herbal medicine, and so on from the clinic.

Patient Signature: _____ Date: _____

Chief Complaint and History:

General Information

C & F: Body (C N H), Drink (C Rm W H), Averson to (C H W) H & F (C N H) Clth (M N)

Sweating: No-S Sp-S N-S palm/feet

A & D: Appe (H N L) Fullness Gas Fd-R Belching Ac-R N V Pain Mass

Thirst & Drink: Thirst (H M L) D-m/th Taste Ulcer Lip Drink (H N L)

Urine: Freq Diffi Pain Night- times Colour, Swollen (Face H F Body)

Stool: Regular (Y N) Freq- Hard Loose Diar/Const

Head & Body: H-A Dizziness, Pain/Numb-area, Injury

Chest & Abdomen: Pal SOB Hypo, Cough Phlegm

Eye, Ear, Nose: Dry Red Pain Tear, Deaf Tinni, Easy-Cold Disch Block

Sleep: N, Insm(H M L) Shal Dream Excess, Tired: (H M L), Morn AftN

Emotion: Frightened Scared Anxiety Worry Irritable Depressed Stressed

Female Disorders: Cycle Days (H-L) Colour Clot Pain (area) Br-distent Discharge

Life Style: exercise drink smoke

Listening, Smelling & Appearance (F N Th)

Tongue:

Pulse:

Differentiation:

Treatment Principles:

Treatment: