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Patient Name 姓名:	<input type="text"/>	Age 年齡:	<input type="text"/>	Sex 性別:	<input type="text"/>
Address 地址:	<input type="text"/>	Tel. 電話	<input type="text"/>		
Occupation 職業:	<input type="text"/>	Email:	<input type="text"/>		
Chief complaint, duration: 現病	<input type="text"/>				

Acupuncture/Chinese herbal medicine and other TCM modalities are safe and effective for the prevention and treatment of a wide range of health problems and for the promotion of general well being. Although acupuncture/Chinese herbal medicine is helpful for many health conditions, it is not intended to replace any tests or treatments recommended by your physicians. Please continue your medications prescribed by your physician while you receive TCM services at this clinic. It is important to inform the practitioner honestly and in details of your illness and health conditions in order to receive effective treatment.

Acupuncture treatment may cover by your insurance, but not covered by OHIP. Please check with your employee benefits.

Please note that acupuncture is safe, but 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 TCM doctors. The response of the body to the treatment may happen occasional abdominal upset, diarrhea, insomnia and sweating. If you have any concerns please do not hesitate to ask.

中醫中藥針灸是安全有效醫治各種疾病,但不是用作代替病人現正進行西醫處方的治療和藥物,如各下正接受你的家庭醫生建議的藥物或治療方法,請勿停用,中醫師會盡量配合你現有的治療,以針灸或中藥輔助.請坦言告訴醫師你的病況,才可達到最滿意的治療效果.病人一切資料是絕對保密.

針灸治療一般是安全,治療後偶然可出現短暫性皮膚瘀腫或針口有輕微痺痛,這是正常現象.如各下治療期間過份緊張,空肚或疲倦,針後可能出現頭暈,嚴重者會昏倒.

在中藥治療方面,有些藥物服藥後可會有腹痛,肚瀉,失眠或發汗,這可能是藥物預定過程的反應.

Exemption of Liability Clause:

I _____(undersigned patient) hereby request and consent to receive traditional Chinese medical treatments including acupuncture, Chinese herbal medicine and/or other related treatments from the above practitioner. I acknowledge that the above treatments and all its ramifications have been full explained to me. I also absolve of the above practitioner, if I experience from any unexpected effects results of the treatment.

我, _____ 在此求診及准許上朮醫師進行診斷,以中藥或針灸治療.我
明白清楚上朮說明..

Patient's Signature: _____ Date of Signature: _____

Practitioner's Signature: _____ Date of Signature: _____

Personal Health History: 個人病歷

Cancer 癌症	Heart Disease 心臟病	Allergies/Asthma 敏感/哮喘	Hypertension 高血壓
Hepatitis 肝炎	AIDS/HIV 愛滋病	Thyroid Disease 甲狀腺病	Mental Illness 精神病
Diabetes 糖尿	Arthritis 關節炎	Rheumatic Fever 風濕病	Epilepsy 癲癇
Herpes 疱疹	Herpes 疱疹	Anemia 貧血	Others 其他
Please specify 註明:			
Surgeries: 手術			
Allergies of food or drugs: 對藥物/食物敏感		Existing Medications: 現服食藥物	
Serious illness of any family members: 家庭成員現在/過去的嚴重疾病			

Practitioner Use Only: 醫師專用

History of the present illness: 病況

Main Symptoms: 主要症狀	
Accompany symptoms: 其他症狀	
Relieving/exacerbating factors: 症狀 舒緩/加重 要点	
Development of illness: 生病過程	
Tests/diagnosis, Treatment/ result: 曾經進行相關驗檢, 診斷, 治療, 結果	

General Information

Chills/Fever:		Sweating:	
Appetite:		Thirst:	
Urine:		Stool:	
Head & body:		Chest & abd:	
Ears & eyes:		Sleep:	
Emotion:		Energy:	
Menstruation:	Cycle: Days	Color:	Qty: Clots:
Note:			
Diet:		Exercise:	
Stress:		Profession:	
Smoke:		Alcohol:	
Spirit:		Speech:	
Body Shape:		Movements:	
Tongue		Coating:	
Pulse:		Pain Location	

DIAGNOSIS: _____

DIFFERENTIATION: _____

TREATMENT PRINCIPLES: _____

TREATMENT REMEDIES: _____

Follow up Form

Name of patient:

Sex:

Main Complain:

Date:

No. of Visit:

Effect of last TX:		Treatment:
Current Assessment:		
Pulse:		
Tongue		
Differentiation:		
TX Principle:		

Main Complain:

Date:

No. of Visit:

Effect of last TX:		Treatment:
Current Assessment:		
Pulse:		
Tongue		
Differentiation:		
TX Principle:		

Main Complain:

Date:

No. of Visit:

Effect of last TX:		Treatment:
Current Assessment:		
Pulse:		
Tongue		
Differentiation:		
TX Principle:		

Main Complain:

Date:

No. of Visit:

Effect of last TX:		Treatment:
Current Assessment:		
Pulse:		
Tongue		
Differentiation:		
TX Principle:		