



Coquitlam Integrated Health

A – 2976 Glen Drive, Coquitlam, BC V3B 0G5 | F. 604.941.5486 | T. 604.941.5483
www.coquitlamintegratedhealth.ca | email: infocih@telus.net

PATIENT INTAKE FORM

(By filling out this form, it enables us to provide you with the most effective care. Thank you for your cooperation.)

Date of Visit: _____

Full Name _____ I go by: _____
(last) (first)

Care Card (PHN #) _____ Male Female

Birthday (mm/dd/yy) _____ Age: _____ Marital Status: S ___ M ___ D ___ W ___ L/W ___

Spouse/Partner's Name: _____ Ages of children if any: _____

Address _____
(Apt. No) (Street) (City) (Postal Code)

Phone Numbers: _____
(Home Phone) (Cell Phone)

Email: _____ Reminder email? Yes No

Occupation _____ Work Tel. _____

Company name: _____ May we call you at work? Yes No

Your GP's Name (MD) _____ Tel. _____

Emergency Contact (and relation): _____ Tel. _____

Is your condition part of an ICBC or WCB claim? If YES, please indicate the following:

Adjuster's Name: _____ Tel. _____

Claim No: _____ Lawyer's Name/Tel: _____

Where did you hear about our clinic?

Internet Yellow Pages Friend/Relative MD

Other Practitioner Name: _____

Cancellation Policy: We set dedicated time in our office for all appointments. If you find it necessary to cancel, please provide 24-hour advance notice. Without notice, you will be charged 50% of the applicable treatment fee.
 Please initial once you have read

HEALTH ISSUES QUESTIONNAIRE:

Main Concerns:

How long have you had this condition(s)?

Have you been given a diagnosis by your GP? If YES, what is that diagnosis?

Have you tried any of the following treatments before?

Acupuncture Massage Therapy Chiropractic Laser Therapy

Other treatments?

MEDICATIONS (include prescriptions and over-the-counter/include dosage)

Anti-inflammatory Muscle Relaxants Laxatives Anti-depressants
 Pain killers Sleeping pills Other Supplements (Herbs, gingko, other vitamins)

Additional details:

MAJOR INJURIES AND ILLNESSES/ACCIDENTS/ALL SURGERIES (indicate dates and nature of each)

LIFESTYLE QUESTIONS (indicate with an X on a scale of 0 to 10: 0 – NONE ; 10 – HIGH)

Stress: 0 1 2 3 4 5 6 7 8 9 10 Exercise/week: 0 1 2 3 4 5 6 7 8 9 10
Smoke: 0 1 2 3 4 5 6 7 8 9 10 Alcohol: 0 1 2 3 4 5 6 7 8 9 10
Coffee: 0 1 2 3 4 5 6 7 8 9 10

FAMILY MEDICAL HISTORY

Allergies Cancer Diabetes Hepatitis Thyroid Disease
 Seizures Heart Disease Stroke Venereal Disease
 Thyroid Disease Varicose Veins Rheumatic Fever High/Low Blood Pressure

FOR WOMEN ONLY

Are you pregnant? YES / NO / MAYBE If YES, when is your due date? _____

Do you have children? YES / NO If YES, was it: Vaginal birth / Caesarean birth

Menstrual cycle: Regular / Irregular / Painful Cycle

Date of your last annual Pap/Breast exam: _____

Review of systems Please check the appropriate box for any of the following symptoms and add any comments you may feel are important.

Key: P=Past N=Now B=Both

P N B

General

- Insomnia
- Fatigue
- Weight loss
- Weight gain

Head

- Headache
- Dizziness
- Head trauma
- Fainting

Eyes

- Itching/redness
- Cataracts
- Flashes in vision
- Spots in vision
- Glaucoma

Mouth and Throat

- Bleeding gums
- Canker sores
- Colds sores
- Sore throat
- Jaw/TMJ problems
- Hoarseness
- Goiter

Nose

- Hayfever
- Loss of smell
- Nosebleeds
- Sinus problems

Lungs

- Shortness of breath
- Persistent cough
- Loss of smell
- Nosebleeds
- Sinus problems

Vascular

- Angina
- Murmurs
- Chest pain
- Palpitations
- Ankle swelling
- Cold feet/hands
- Leg cramps
- Varicose veins
- Low blood pressure
- High blood pressure

P N B

Gastro-Intestinal

- Bloating/gas
- Heartburn
- Ulcers
- Liver disease
- Gallstones
- Vomiting/nausea
- Abdominal pain
- Diarrhea
- Constipation
- Blood in stool
- Hemorrhoids
- Hernias
- _____ # of bowel movements per day

Gastro-Urinary

- Difficulty urinating
- Pain urinating
- Blood in urine
- Incontinence
- Bed-wetting
- Frequent urination
- Frequent infections
- Kidney stones

Neurological

- Seizures/epilepsy
- Strokes
- Tingling sensation
- Numbness
- Muscle weakness
- Difficulty walking
- Poor coordination
- Paralysis
- Speech problems
- Loss of memory

Muscle & Bone

- Joint pain
- Swollen joints
- Stiffness
- Muscle ache
- Foot trouble
- Bone pain
- Fractures
- Dislocations

P N B

Skin

- Rash
- Itching
- Hives
- Change in moles
- Acne
- Psoriasis
- Eczema

Endocrine

- Diabetes
- Hypoglycemia
- Hormone therapy
- Thyroid problems
- Heat/cold intolerance
- Excessive thirst
- Excessive hunger
- Excessive sweating
- Night sweats

Emotional

- Depression
- Mood swings
- Anxiety/nervousness
- Tension
- Phobias

Conditions

- AIDS/HIV
- Eating disorders
- Heart disease
- Rheumatic fever
- Cancer/tumor
- Polio
- Parkinson's
- Multiple sclerosis
- Gout
- Anemia
- Osteoporosis
- Osteoarthritis
- High cholesterol
- Fibromyalgia
- Chronic fatigue
- Hepatitis
- Migraines
- TIAs

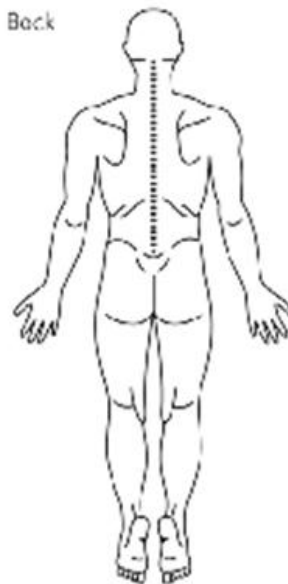
Using the following symbols, please indicate directly on the body diagrams below the area of your complaint and the type of pain experienced.

- X Burning ○ Dull/achy
- △ Sharp □ Numbness/tingling

Front



Back





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Acupuncture Consent Form

Please read the following carefully and enquire if you have any questions or concerns.

Traditional Chinese medicine, acupuncture and other treatments provided by this clinic have been proven to be highly effective and very safe. However, we are required to inform patients that there may be some risks involved and that practitioners cannot anticipate all possible complications. The following are some of the side effects that can occur.

- Drowsiness following treatment. If this occurs, you are strongly advised not to drive following treatment.
- Minor bleeding or bruising can be caused by acupuncture.
- Irritation of the skin due to allergies if a topical lotion or oil is used. You should inform us if you are nervous of needles or have a history of fainting for any reason.
- Worsening of symptoms. In a small percentage of patients, symptoms can become worse before improving.

This is generally a sign that healing has begun. If the worsening of symptoms is severe or lasts more than two days, we urge you to contact us.

The following rare but serious problems have been reported in literature. Precautions are always observed to avoid such complications.

- Joint infection: This can occur if bacteria on the skin are introduced to a joint by the needle. Some acupuncture points go into the joint and can therefore introduce infection. This is very rare and has never been experienced by our practitioners.
- Nerve damage: Some acupuncture points are over nerves, and there is therefore the theoretical possibility of nerve damage. This is very rare and has never been experienced by our practitioners.
- Pneumothorax (collapsed lung): If the needle is inserted too deeply between the ribs or above the lungs, it may pierce a lung and cause a Pneumothorax. This is very rare and has never been experienced by our practitioners.
- Needle breakage: If a needle were to break during insertion, it may require surgical removal. Again, this is very rare and has never been experienced by our practitioners.

The use of sterilized, disposable needles at this clinic eliminates the risk of hepatitis B, hepatitis C, and AIDS/HIV transmission. Our needles are used once and safely disposed of.

It is important that you advise us if any of the following applies to you:

- If you are pregnant;
- If you have a pacemaker or other electrical implant;
- If you have a bleeding disorder;
- If you are taking anti-coagulants (blood thinners) or any other medication;
- If you have any allergies;
- If you have ever felt faint or had any unusual or negative sensation from acupuncture or medical treatments;
- If you are at higher risk of infection.
- If you have high or low blood pressure.

Signature:	Date:
Print Full Name:	Practitioner's Signature: