



Verena McCrae, Dr TCM

First Name: _____ Last Name: _____
Address: _____ City: _____
Zip: _____ Home Phone: _____ Cell Phone: _____
Email: _____ Date of birth: _____
Age: _____ Emergency contact: _____
Relationship: _____ Phone: _____

Do you have a preference for:

- e-mail 36 hours before appointment
- text message 24 hours before appoint
- test message 2 hours before appoint
- e-mail notification of new and cancelled appointments

List all major childhood and adult illnesses:

Please describe the main reason for your visit today:

Have you had any surgeries, major accidents or injuries, please explain:

Current health care providers:

Family Physician: _____

Phone number: (____) _____

Western Medical diagnosis (if applicable):

List all medications or supplements, including herbs and vitamins you are currently taking:

Other medical treatment received:

Fertility Clinic Physiotherapy Massage

Naturopath Chiropractor Other:

Occupation:

Do you have a regular exercise program?

Please describe.

Please indicate if you have any of the following:

- Cardiac pacemaker
- Seizure disorder
- Bleeding disorder/ on blood thinners
- Fainting disorders
- High blood pressure
- Believe you are or may be pregnant
- Hepatitis

Other: _____

Are you on a restricted diet?

How much sugar/dessert do you eat per week?

How much dairy do you eat per week?



Traditional Chinese Medicine Herbal Patient Diagnostic Detailed Form

The best results with Traditional Chinese Medicine are when we know the most about your body. Please fill in any relevant information that pertains to your body, whether it seems to connect to your current condition or not. Really understanding your whole system plays an important role in allowing for proper diagnosis and treatment to help you regain your optimal health.

NERVOUS SYSTEM

1. How are your overall energy levels lately? _____
 2. Do you have any significant stress in your life? _____
 3. How is your mental/emotional state? _____
 4. How is your sleep? _____
 5. Do you suffer from headaches? _____
 - Do you experience periods of dizziness or blurred vision _____
 6. Regarding your 5 Senses – Any vision problems? Hearing problems? Taste? Smell? Touch (numbness/tingles)? _____
 7. How is your body temperature regulation? Do you find you are generally a hot or cold person or alternate between the two? _____
 - Are you particularly sensitive to any type of weather/temperature or climate condition? Damp/cold/hot/dry/major weather changes? _____
 8. How is your thirst? Any preference for warm or cold drinks? _____
 - Do you have issues with dryness (eyes, nose, mouth, throat)? _____
 9. Any unusual sweating? (Too much/too little; day/night?) _____
 10. Any body pain or swelling, masses/nodules, distension or discomfort? _____
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CARDIOVASCULAR and BLOOD SYSTEM

1. Any feeling of discomfort, tightness or pain in the chest? _____
 2. Do you get palpitations/arrythmia? _____
 - Any accompanying symptoms (stress/anxiety/pain)? _____
 3. Any problems with physical exertion? (*easily* exerted, shortness of breath?) _____
 4. How is your general circulation (numbness, tingling, cold hands/feet)? _____
 - Do you bruise easily? _____
 5. Do you know your blood pressure reading? _____
 6. Have you had any recent blood tests and results? _____
 7. Have you noticed or experienced any abnormal bleeding? _____
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RESPIRATORY SYSTEM

1. Any issues with breathing or sudden shortness of breath? _____
 2. Have you had any issues with coughing, wheezing or phlegm in your Lungs/throat? _____
 3. Are you aware of any allergies you have? _____
 4. Do you catch colds easily? _____
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GASTRO-INTESTINAL SYSTEM

1. What is your appetite like? How many meals in a day? _____
 2. How is your digestion? Do you experience bloating, gas, hiccups, reflux? _____
 - How do you feel in general after a meal (Tired/energized/pain/discomfort/bloated)? _____
 3. Do you experience any food cravings or food aversions? _____
 4. How many bowel movements do you have a day usually? _____
 - Can you describe what your stool looks like (loose/firm/with undigested food/strong smell/with mucous or blood/colour)? _____
 - Do you have problems passing stool (is there pain/burning/incontinence/hemorrhoids/prolapse/itching/anal fissures)? _____
 5. Do you experience pain in your abdomen or epigastria in general? _____
 6. Do you experience any acid reflux/regurgitation/bitter taste or nausea/vomit? _____
-

GENITO-URINARY

1. What is your urination like (quality/quantity/colour)? _____
 - Do you experience problems passing urine (pain/burning sensation/discomfort/incomplete/dribbling/incontinence)? _____
 - Are you up at night to urinate/how often? _____
 - Any history of Urinary Tract infections? _____
2. Do you experience water retention or edema? _____

***FOR WOMEN** – Have you had issues with fertility? _____

- Do you suspect you could be pregnant? _____
- Number of pregnancies? _____
- Number of miscarriages or abortions? _____
- Are you on birth control/what kind? _____

Menstrual cycle

- At what age did you have your first period? _____
- What is the length of your cycle? _____
- How many days do you bleed for? _____
- What is the quality (colour/clots) and quantity of your blood? _____
- Any accompanying symptoms with your period/pains/cramps/mood/emotion, etc.. _____

Menopausal symptoms

- When did it begin? _____
- What are/were your symptoms? _____

***FOR MEN** – have you had issues with fertility? _____

- Any problems with sexual function? _____
- Have you ever experienced a hernia? _____

***FOR WOMEN AND MEN** – Do you experience any discharge/genital itching? _____

- Any history of STI's? _____
- Are you currently sexually active? _____

OTHER

Any issues with skin/hair/nails? _____

Any mouth ulcers/canker sores? _____

Are you currently under the care of your Doctor/what for? _____

List any medications you are currently taking: _____

Signature and Date Signed: _____



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Treatment Consent Form

Safety and Policies

The purpose of Acupuncture and Chinese Medicine is to restore and maintain balance to the body and its energetic systems (nerves, organs, hormones, brain and spirit).

Holistic Medicine treats the body, not the disease; therefore much emphasis is put on lifestyle and your own responsibility for maintaining appropriate balance in your life. The goal of the practitioner is to guide your body into better functioning to enable the body to heal itself.

Here are a few things to keep in mind:

- 1) *mild bruising or slight local pain* at an occasional needle sight, or at a pressure point where deep massage/cupping/guasha techniques have been employed;
- 2) *aggravation of symptoms*, usually temporarily, in order to catalyze the transition into healing (*known as the Healing Crisis*)
- 3) *a slight feeling of faintness*, especially if receiving a treatment in the upright position (primarily on the first treatment), blood sugar levels are low at the time of treatment, and/or if there is apprehension or fear concerning the treatment (*please share any concerns with practitioner, we'd be glad to help ease your concerns you may have*);
- 4) *unexpected emotions or feelings* may present themselves during treatment as this may well be a part of the healing process;
- 5) *and a feeling of wooziness and/or drowsiness*, especially during the first few treatments, and also when electrical stimulation is used.

****The last effect is likely due to brain's secretion of endorphins and other neurohormones (that act as the body's natural opiates or painkillers) in response to treatment. Consequently, patients are advised not to operate a motor vehicle immediately following acupuncture, especially on the first visit. Inversely, patients often report feelings of well-being and extreme relaxation, likely due to the same release of endorphins and other neurohormones.**

Without exception, *only sterilized disposable (single use) needles* are used at this clinic.

Rare but serious complications associated with acupuncture have been reported in literature.

Considering the rareness of any of the above complications, acupuncture is extremely safe.

- 1) Joint infections can occur by needling specific points that are intra-articular (entering into a joint) if bacteria are present on the skin at the time of needle insertion (*alcohol swabbing will prevent presence of any bacteria*). Such a condition requires the administration of intravenous antibiotics.
- 2) Nerve damage is possible as some acupuncture points are situated over nerves. Complications, if any, usually amount to experiencing numbness for several hours following treatment.
- 3) Pneumothorax (collapse of the Lung) can occur if any acupuncture needle is inserted too deeply into the upper back, the clavicular area at the apex of the Lung, or intercostal (between the ribs) areas. If pneumothorax does occur, emergency medical intervention is necessary, but a full recovery usually ensues.
- 4) A needle may break while in the body, and surgical removal may be necessary to extract it.

Again – these are rare occurrences; complications such as the above just need to be shared with you for awareness.

I have read the above information and understand the content. I hereby give consent to have treatment performed on me by any of the TCM professional practitioners of this clinic.

Signature of Patient and Date Signed
