

**TOTNES COMMUNITY ACUPUNCTURE CONSULTATION FORM:**

The Following information will be treated in the strictest confidence. It may be necessary for you to consult your GP before treatments can be given. 48 hours notice of change or cancellation must be given to avoid the £20 FEE.

DATE;.....NAME;.....

AGE/DOB.....EMAIL.....

ADDRESS:.....

.....  
OCCUPATION;  
.....

TELEPHONE:

MOBILE.....HOME.....

Family;

CHILDREN..... PETS.....

RELATIONSHIP STATUS.....

ARE YOU / YOUR PARTNER PREGNANT YES / NO

If yes EDD.....

**REASON FOR TREATMENT/expectations:**

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.....  
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**HEALTH INFORMATION:**

Please give details if you are experiencing a problem with the following:

Circulatory Problems/Heart conditions YES / NO

details.....

High/Low blood pressure YES/NO  
details.....

Varicose veins YES/NO  
details.....

Diabetes YES/NO  
details.....

Any diagnoses of cancer YES/NO  
details.....

Liver YES/NO  
details.....

Urination YES/NO  
details.....

Bowels YES/NO  
details.....

Thyroid YES/NO  
details.....

Musculo-Skeletal YES/NO  
details.....

Eyes/Ears YES/NO  
details.....

Migraines/headaches YES/NO  
details.....

Sleep YES/NO  
details.....

Women Menstruation/Fertility/Menopause YES/NO  
details .....

Digestion

YES/NO

details.....

Skin conditions/infections

YES/NO

details.....

Mental Health

YES/NO

details.....

Describe your Lifestyle and diet.....

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HAVE YOU HAD ANY SURGERY IN THE LAST 3 MONTHS

YES/NO

ARE YOU UNDER THE CARE OF A HEALTH PROFESSIONAL AT PRESENT

YES/ NO

PRESCRIBED MEDICATION AT PRESENT. If yes please list

YES/ NO

WHERE DID YOU HEAR OF TOTNES COMMUNITY ACUPUNCTURE?

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I understand the information above is correct and give my permission for the Chinese Medicine treatment.

I have discussed and accept possible reactions to the treatment.

SIGNED; .....

PRINT NAME;.....

DATE;.....

NOTES ;

