

Client Intake Form

Name:		Date:	
Address:			
City:		Postal Code:	
Phone #:			
Email:			
Emergency contact:		Telephone #:	
Briefly describe your chief complaint:			
What treatments have you had for this problem?			
<i>Medical history:</i>			
(Please tick the applicable boxes.)			
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Epilepsy
<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	Hepatitis
<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Tinnitus
<input type="checkbox"/>	Miscarriage	<input type="checkbox"/>	Allergies
<input type="checkbox"/>	Pregnancy	<input type="checkbox"/>	Arthritis
<input type="checkbox"/>	Miscarriage	<input type="checkbox"/>	Night Sweats
<input type="checkbox"/>	HIV	<input type="checkbox"/>	TB
<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	Depression
<input type="checkbox"/>	Low Blood Pressure	<input type="checkbox"/>	Chronic Fatigue
<input type="checkbox"/>	Immune disorders	<input type="checkbox"/>	Elimination Problems
<input type="checkbox"/>	Heart Palpitations	<input type="checkbox"/>	Digestive Problems
<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	
<i>Family Medical History</i>			
<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Alzheimer's
<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Depression	<input type="checkbox"/>	Cancer

Practitioner's Notes

Scars/marks	
Pain	
Bruise easily?	
Varicose veins/haemorrhoids	
Any swelling or oedema & where?	
Tendency to feel cold/hot	
Vision: (floaters etc.)?	
Emotional blue print?	
Sleeping pattern	
Foggy mind/memory	
Drinks	
Hunger/Food	
Nausea/dizziness/light headedness	
Headaches (describe)	
Does anything relieve your symptoms	

Notes:

Tongue	
Pulse: Lt (Ht/Lv/Kd yin)	
Rt (Lu/Sp/Kd yang)	
BP	

Gynaecological

How many days in-between?		How long does it last?	
Clotting?		What shade of red?	

Is there pain? Where, when does it start & stop i.e. beginning, end, throughout, other?

Leucorrhoea not during ovulation?		If so what colour?	
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PMS?

Pregnancy

Medical

Medications & Purpose:	
Vitamins/Minerals:	
Accidents/Traumas:	
Any surgery:	