

Consultation & Consent Form for Tuina Acupressure



Entry Date ..... DOB ..... Age ..... Patient No. P.....

Occupation ..... Name .....

Children ..... Add .....

Weight ..... Height .....

Smoker ..... Alcohol ..... Phone's .....

Doctor .....

Presenting Complaint .....

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Medical History .....

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Medication .....

Tongue ..... Pulse .....

Please read the following list and inform your practitioner if you suffer from one or any of the following. Please also inform him/her if you have suffered from any one in the past.

- Severe cardiac, pulmonary and encephalopathic disease, or extreme constitutional weakness and other special cases where manipulation would be unbearable.
- A recent history of bleeding or diseases of the blood, which might lead to internal bleeding after manipulation.
- Local skin lesions or skin diseases such as leprosy, tinea, scalds or burns where the skin may be damaged or the condition aggravated by manipulation.
- Acute communicable diseases.
- Spinal injury or other injuries without a clear-cut diagnosis.
- Pregnancy, menstruation.
- Benign and malignant tumours.
- Severe degenerative disease – severe osteoporosis.

I understand that I am participating in a student clinical training program. This has been explained to me in full. I consent to Tuina Chinese Medical Acupressure on the basis that I accept full responsibility for my participation in this program whether one visit or several visits.

Signed ..... Date .....

Student Name: .....