

Dr. Stephanie Estima Galanis DC Dip AC, C.A.C.C.P. [cand.]

Dr. Lara Smythe, DC, Med. Ac

47 Stewart Street | Toronto ON M5V 2V8

o: 647 346 2281 f: 647 436 5547

w: thehealthloft.ca



## Acupuncture Confidential Patient Information (please use BLOCK LETTERS)

### Personal Details

Prefix: Dr Mr Mrs \_\_\_\_\_  
Ms Miss Last Name First Name Initial(s)

Address City Province Postal Code

( ) - ( ) - ( ) - / /  
Home Phone No. Work Phone No. Mobile Phone No. Date of Birth (mm/dd/yy)

Gender (M/F) Occupation e-mail address

Who referred you? \_\_\_\_\_

### Health Information

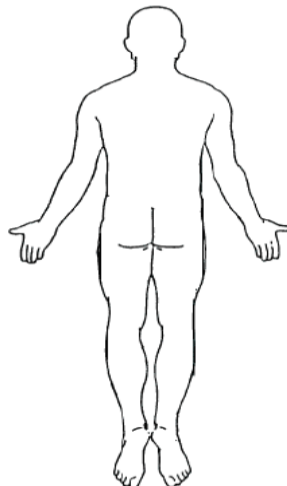
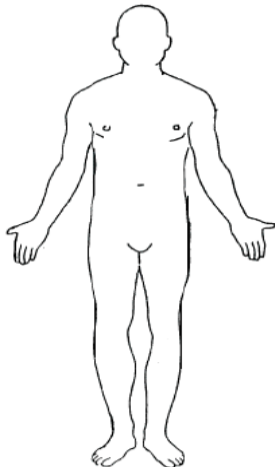
( ) -  
Name of Medical Doctor Telephone No. Address

Date of Last Appointment Date of Last Physical

### Emergency Contact

( ) - ( ) -  
Name Relationship Daytime Phone Evening Phone

### Pain Diagram



Please shade and code areas to indicate location of pain or discomfort.

- P – Pins & Needles
- N – Numbness
- S – Spasm
- T – Tenderness
- A – Aches
- R – Radiations
- B – Burning
- X - Stabbing

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## **Traditional Chinese Medicine**

**Please check any of the following that pertain to you:**

### **Kidney Function**

- Cold hands
- Cold feet
- Hot body temp
- Afternoon flushes
- Drink water just before bed, or through the night
- Night sweats
- Hot flashes
- Perspire easily
- Difficulty keeping eyes open during the day
- Sweaty hands
- Thirsty
- Cold body temp
- Sweaty feet
- Heat in hands, feet, chest
- Lack of perspiration

### **Spleen Function**

- Low appetite
- Hemorrhoids
- Over-thinking
- Fatigue after eating
- Abrupt weight loss
- Abdominal bloating
- Worry
- Prolapsed organs [which one[s]: \_\_\_\_\_]
- Easily bruised
- Pensive
- Gurgling Noises in the Stomach
- Abrupt weight gain
- Abdominal gas

### **Stomach Function**

- Large appetite
- Heartburn
- Acid regurgitation
- Ulcer [previously diagnosed]
- Bad breath
- Mouth sores [cankers]
- Stomach pain
- Bleeding, Swollen, Painful Gums
- Belching
- Vomiting
- Hiccups
- Burning sensation after eating

### **Lung Function**

- Cough
- Dry mouth
- Dry nose
- Sneezing
- Nasal discharge [colour: \_\_\_\_\_]
- Nose Bleeds
- Stiff neck
- Sore throat
- Smoke cigarettes
- Sinus congestion
- Dry throat
- Dry skin
- Headache
- Overall achiness in body
- Stiff shoulders
- Difficulty breathing
- Alternating fevers + chills
- Allergies [to what? \_\_\_\_\_]

### **Heart function**

- Palpitation
- Restlessness
- Chest pain traveling to shoulder
- Anxiety
- Frequent dreams
- Soreness on the tip of the tongue
- Mental confusion
- Waking unrefreshed
- Drink coffee [ #cups/day: \_\_\_\_\_]

### **Urination**

- Normal Colour
- Clear
- Scant
- Profuse
- Burning
- Urgent
- Dark Yellow
- Cloudy
- Painful
- Strong Odour
- Reddish
- Frequent



## **Traditional Chinese Medicine (cont'd)**

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### **Liver + Gallbladder function**

- Chest pain
- Frustration
- Neck tension
- Shoulder tension
- Limited Range of Motion [Neck]
- Headache at the top of the head
- Skin rashes [where: \_\_\_\_\_]
- Alternating diarrhea + constipation
- Anger easily
- Depression
- Muscle spasms
- Seizures
- Limited Range of Motion [Shoulder]
- High-pitched ringing in the ears
- Gallstones [previously or currently]
- Irritability
- Numbness
- Muscle twitching
- Convulsions
- Unable to adapt to stress
- Bitter taste in the mouth
- Muscle cramping

### **Urinary Bladder function**

- Frequent cavities
- Low back pain
- Wake during the night twice or more to urinate
- Sore knees
- Bladder Infections
- Cold sensation in the knees
- Weak knees
- Memory problems
- Excessive hair loss
- Easily startled

### **Overall**

- Excess Phlegm
- Dizziness
- Preference for hot drinks
- Generally Hot person
- Frequent Colds / Flu
- Mental Heaviness
- Preference for cold drinks
- Generally cold person
- Low Energy
- Mental Sluggishness / Fogginess
- High Energy

## **Patient Symptoms**

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1. What is your principal problem or the one area of greatest concern?

\_\_\_\_\_

2. Do you think this concern has been getting worse? Yes / No  
If so, how quickly has it increased? Gradually / Suddenly

3. What do you think caused this problem?

\_\_\_\_\_

4. How often do you experience this?

- 1-2 hrs per day
- About half the day
- Most of the day
- Constantly

5. How does this concern affect your daily activities?

- It does not affect them
- I have had to stop doing some of them
- I have had to change how I do things
- I am unable to perform most daily activities



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**INFORMED CONSENT TO ACUPUNCTURE TREATMENT**

I, \_\_\_\_\_, hereby request and consent to the performance of acupuncture and other procedures related to acupuncture as necessary, including moxibustion, cupping, and/or electroacupuncture by the above named doctor, or another duly authorized doctor at The Health Loft.

I understand and I am informed that in the practice of acupuncture there are some risks to treatment, including, but not limited to, minor bleeding or bruising, minor pain or soreness, nausea, fainting, infection, shock, convulsions, possible perforation of internal organs, and stuck or bent needles.

I have been advised that only pre-sterilized needles will be used. All acupuncture needles are properly disposed of after each and every treatment.

I do not expect the doctor to be able to anticipate and explain all possible risks and complications. I wish to rely on the doctor to exercise judgment during the course of the treatment, which the doctor feels at the time, based on the facts then known, is in my best interests. I understand that results are not guaranteed.

I have read the above consent form. I have also had an opportunity to ask questions about its content. By signing below, I agree to the above-mentioned acupuncture procedures. I intend this consent form to cover the entire course of treatment for my present and future conditions for which I seek treatment.

**N.B. Female Patients**

I fully understand that in the case of pregnancy, a risk of causing fetal distress with acupuncture treatment(s) is possible. I hereby state that I am not pregnant, nor is there any possibility that I may be pregnant.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Patient Signature:

\_\_\_\_\_  
\_\_\_\_\_