

Eastern Healing Centre

Date _____

Name _____ Home Phone: () _____
First Last

Address _____ Cell Phone: () _____
Number, Street

_____ ZIP CODE: _____
City State

Occupation _____ E-mail _____

Date of Birth ___/___/___ Sex: M, F Height _____ Weight _____ Single or Married

Name of Spouse _____ Closest Relative _____ Phone: () _____

If completing this form for another person, what is your relationship to him/ her? _____

Through what channels you know the centre? Friends Yellow page Website Others _____

ACC claim number if you have: _____

1. Have you ever had Hepatitis? If yes, when _____ YES NO

2. Do you have AIDS or HIV infection? How long? _____ YES NO

3. Have you ever had any surgery? Please list type and year below. YES NO

4. Have you ever had heart problems or symptoms? Please explain: _____ YES NO

5. Are you taking any medications or pain pills at this time? List below: YES NO

6. Are you pregnant? If yes, what month are you in? _____ YES NO

7. Have you had Acupuncture before? For what problem: _____ YES NO

Previous doctor / acupuncturist's name: _____ YES NO

8. Do you have any problems with needles, dizziness, nausea, or fainting? YES NO

9. Reason for your visit:

We accept the following forms of payment. Please circle the method of payment you plan to use today. CASH EFTPOS CHEQUE

Patient's Signature: _____

Date: _____

Eastern Healing Centre

238 Pakuranga Rd, Pakuranga, Auckland
Phone: (09)576 5766 Fax: (09) 576 5766

CONSENT FORM

I, _____, hereby consent to be treated with acupuncture and herbal medicines by Dr. Maria Ke Pan or whomever she designates in her absence. I have read and understood the following information:

- I am in full compliance with the fact that in the event I decide to seek treatment from a health practitioner outside this clinic and patient records need to be transferred, all herbal prescriptions/acupuncture points on the records are copyrighted, the exclusive property of THIS clinic and may not be used without express written permission from THIS clinic. Any request of patient records by me or any other health practitioner I decide to transfer to for purposes of using copyrighted herbal/ acupuncture prescription of THIS clinic without permission is strictly prohibited.
- There are some treatments that may not be appropriate if you are pregnant.
- Due to the nature of the treatment the practitioner may need to touch or palpate different areas on the body, this may help in the diagnosis or in locating acupuncture points.
- You may be asked to remove certain items of clothing to enable better access to different parts of your body you can expect to have a towel or blanket to cover you.
- Only pre-sterilized, disposable needles will be used during the acupuncture.
- Some questions that you may be asked might seem irrelevant to you but they are helping the practitioners make a holistic diagnosis.
- If you feel uncomfortable in any way at any stage of the treatment for any reason please tell the practitioner as there may be some way to make you feel more comfortable while needles may cause some temporary localized pain, bruising, or light headaches “Moxibustion” a.k.a. heat therapy may also be used and nature herbal medicines may be prescribed.
- You are welcomed to bring a support person with you while you have the treatment.
- All procedures will be clearly explained prior to the time of treatment.
- Written consent from guardian or parent to be obtained before treating minors (16 years)
- I have the right to decline or withdraw my consent to treatment at any time. I have the right to see this information.
- I accept the fact that there is no guarantee concerning the outcome of my acupuncture or herbal treatments and I understand that I may also stop treatment at any time. I also accept that there are NO REFUNDS on any services, including herbal formula.
- Payment must be made in full at the time of treatment. We do not handle insurance claims. You may file for possible reimbursement from your insurance company.

Signature of Patient or Guardian

_____/_____/_____
Date