

Date of initial consultation: \_\_\_\_\_

Title		Sex	
First Name		Date of Birth	
Surname		Marital Status	
Address		Home Phone	
		Mobile Phone	
		Occupation	
Postcode		No. of Children	
Email			

*In Case of Emergency please contact:*

Name		GP	
Relationship		GP Surgery	
Contact No.		Surgery No.	

Main reason for visit:	Other health concerns:
Current prescribed medication:	Current supplements:
Do you have any allergies or known food intolerances etc?	Are you undergoing any other treatments?

## Medical History

<b>Please tick if applicable:</b>				<b>C = Current problem</b>			<b>P = Past problem</b>			<b>F = Family problem</b>					
	C	P	F		C	P	F		C	P	F		C	P	F
Heart problems				SKIN				THROMBOSIS				DEPRESSION			
LIVER				HEPATITIS				BLOOD PRESSURE				POSSIBLY PREGNANT			
DIABETES				HIV				OSTEO ARTHRITIS				PACEMAKER			
THYROID				CONTAGIOUS ILLNESS				RHEUM ARTHRITIS				RECENT SURGERY			
KIDNEY				STROKE				VARICOSE VEINS				UPCOMING SURGERY			
CANCER				PHLEBITIS				HAEMOPHILIA							
DIGESTIVE				NEUROLOGICAL				EPILEPSY							

**If you have marked any of the above, please give brief details below**

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**PLEASE TURN OVER**

Please state any other medical conditions you have been diagnosed with or injuries sustained

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Have you had Acupuncture or Chinese Medicine before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How did you hear about Element Healthcare?	

**Patient Information and Consent**

**Acupuncture** is a very safe procedure and we take care in using proper sterile techniques and use only single-use disposable needles. Side effects are rare, however you should be aware that:

- Drowsiness can occur following treatment and care should be taken if driving home.
- Minor bleeding/bruising can sometimes occur though this is rare.
- Needling sensation should not be too painful. Should there be any discomfort, the needle will be removed.
- Fainting is rare, but can occur in those with low blood pressure or if patients are very hungry.

**Herbal Medicine** has been used safely for thousands of years. We only use the highest quality herbal extracts and **do not use any endangered species or illegal products.**

- We will supply a list of ingredients in any formula we give you upon request.
- We will discuss any issues that you might have with taking herbal medicines with you in full.
- Should you experience any adverse side effects from the herbs given, stop taking them immediately and contact us.

**It is important that you tell us:**

- If you have experienced fits, fainting or funny turns.
- If you have a pacemaker or serious heart condition.
- If you have a bleeding disorder.
- If you are pregnant.
- Suffer from any viral or bacterial conditions.

Please TICK to allow us to send email updates and information that might relate to your care at Element Healthcare.	<input type="checkbox"/>
I confirm I have received a copy of Element Healthcare's Privacy Notice	<input type="checkbox"/>

**Statement of Consent**

I confirm I have read the above information and consent to receiving treatments as discussed with the practitioner. I understand that I can refuse treatment at any time and that appointments are subject to a 24 hour cancellation fee.

I have disclosed any relevant medical conditions as requested above.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_