



The Best of Chinese Medicine

Intake & Consent

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 Toronto Ontario M4K 1N8
 www.bestofchinesemedicine.com

NAME:			
BIRTHDATE:	AGE:	MALE / FEMALE	
BIRTHPLACE:			
OCCUPATION:			
ADDRESS:	CITY:	POSTAL CODE:	
EMAIL:	HOME TEL:	CELL:	WORK:
MARRIED/COMMON LAW?:	YES / NO	CHILDREN:	YES / NO
FAMILY PHYSICIAN:	PHONE:		
HOW LONG HAVE YOU BEEN IN CANADA?:			
HAVE YOU TRIED ACUPUNCTURE / HERBAL MEDICINE BEFORE?:			
HOW DID YOU FIND OUT ABOUT US?:			
DO YOU KNOW SOMEONE WHO COULD BENEFIT FROM A CONSULT? YES / NO			
(If you answered yes, please ask reception to give you our business card after your session.)			

I voluntarily consent to receive (the following of my choosing) Acupuncture, Chinese Herbal Medicine, Massage Therapy, Shiatsu treatment administered by either Susan Hu, Jesse Lown, Kallen Wei or Heather Finlayson who are certified to practice the specified treatment/training. I understand his/her training is in the specified treatment/training and that (s)he is not, nor claims to be, a medical doctor.

I understand that the evaluation given me (when receiving acupuncture) is an energetic assessment of the functioning of any organs and the Qi moving in the Acupuncture Meridian Network ; it in no way purports to be, or replaces allopathic (western) medical evaluation, diagnosis, or treatment.

I will provide a full history and description of complaints which is complete and accurate. I understand that the need for communication with all of my health care providers regarding my health status is ongoing and necessary. I understand that no guarantee has been made concerning the use and effects of Acupuncture ,Chinese Herbal Medicine, Massage Therapy, Shiatsu Therapy. I understand that I may stop treatments at any time.

I understand that Acupuncture is the insertion of fine sterile needles, with or without the addition of electrical stimulation, through the skin, and/or the application of heat to regulate and balance Qi (energy), improve organ function and improve health.

I understand that Massage Therapy involves acting on and manipulating the body with pressure – structured, unstructured, stationary, or moving- tension, motion, or vibration, done manually or with mechanical aids.

I acknowledge that, although rare, certain side effects may result from Acupuncture, heat therapy and Chinese Herbal Medicine. These may include minor bruising, minor bleeding, some pain at the site of needle insertion, dizziness or fainting. These events are unusual and of short duration. Rare but potential side effects of heat therapy include heat discomfort or burning. Side effects of Chinese Herbal Medicines are rare but may include allergic reactions. Strong cleansing responses to Acupuncture and Chinese Herbal Medicine may also occur. Potential effects will be addressed.

I am aware that QiGong and TaiJi involve the participation of exercises that should be practiced at my own discretion and any injury that may result are of my own accord and that the teacher(s) will not be responsible for such occurrences.

I am choosing Acupuncture and/or Chinese Herbal Medicine and/or Massage Therapy and/or Shiatsu Therapy as an exercise of my right to freedom of choice in the healing arts.

Signature: _____ Date: _____