



The Best of Chinese Medicine

Intake & Consent

379 Danforth Ave, 2nd Floor
Toronto Ontario M4K 1N8
www.bestofchinesemedicine.com
Tel: 416-466-2988

FIRST NAME:	LAST NAME:	
BIRTHDAY:	AGE:	
BIRTHPLACE:	MALE / FEMALE	
OCCUPATION:		
ADDRESS:		
CITY:	POSTAL CODE:	
EMAIL:		
HOME TEL:	CELL:	WORK:
FAMILY PHYSICIAN:	PHONE:	
HAVE YOU TRIED ACUPUNCTURE/ HERBAL MEDICINE BEFORE?		
HOW DID YOU FIND ABOUT US? GOOGLE <input type="checkbox"/> YELP <input type="checkbox"/> OTHER:		

Note the email information is used by the clinic for: Appointment reminders, Office announcements, Clinical advice and test result notifications and Distribution educational resources. Please notify the front desk if you do not wish to receive emails

I voluntarily consent to receive (the following of my choosing) Acupuncture, Chinese Herbal Medicine, Massage Therapy, Shiatsu treatment administered by either Susan Hu, Emily Babaris, Yahong Guo, John Lillywhite or Xiao Sun 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 and Massage 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 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 of the Patient

Date