



**Patient Record - Strictly Confidential**  
Date of First Consultation: \_\_\_\_\_

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

In case of emergency please contact			
<b>Name of Contact</b>		<b>Name of GP</b>	
<b>Relationship</b>		<b>Name of Surgery</b>	
<b>Contact No.</b>		<b>Contact No.</b>	

How did you hear about Lily? (Please tick)					
Google	<input type="checkbox"/>	Acupuncture Fertility Network	<input type="checkbox"/>	Recommendation From	
Yahoo	<input type="checkbox"/>	Leaflet	<input type="checkbox"/>	Other	

<b>Main reason for visit</b>	
<b>Please list any other health concerns you have in order of importance</b>	
<b>Current prescribed medications</b>	
<b>Current supplements</b>	
<b>Allergies</b>	
<b>Please list any other treatments you are currently receiving</b>	
<b>Have you had Acupuncture or Chinese herbs before?</b>	Yes / No

**Medical History**

Please tick any conditions that apply to you or your immediate family (parents, siblings, children):

Heart condition	<input type="checkbox"/>	Skin condition	<input type="checkbox"/>	Phlebitis	<input type="checkbox"/>	Depression	<input type="checkbox"/>
Liver condition	<input type="checkbox"/>	HIV / AIDS	<input type="checkbox"/>	High / Low blood pressure	<input type="checkbox"/>	Injuries / sprains	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	Epilepsy / faints	<input type="checkbox"/>	Osteoporosis/Arthritis	<input type="checkbox"/>
Thyroid disorders	<input type="checkbox"/>	Contagious illness	<input type="checkbox"/>	Varicose veins	<input type="checkbox"/>	Possibly pregnant	Y/N
Kidney condition	<input type="checkbox"/>	Stroke	<input type="checkbox"/>	Haemophiliac	<input type="checkbox"/>	Pacemaker	Y/N
Respiratory condition	<input type="checkbox"/>	Deep vein thrombosis	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Recent/upcoming surgery	Y/N

Please state any other medical conditions you have been diagnosed with which have not been listed above:



## Patient Information and Consent Form

Please read this carefully and do not sign the consent to treatment if there is anything you do not understand. Lily will be more than happy to answer your questions before you begin treatment.

### Does acupuncture have side effects?

Acupuncture is generally very safe with only single-use, sterile disposable needles used in the clinic. Serious side effects are very rare – less than one per 10,000 treatments. You need to be aware that:

- drowsiness occurs after treatment in some patients, and, if affected, you are advised not to drive;
- minor bleeding or bruising and haematomas occur after acupuncture in about 3% of treatments;
- pain during treatment occurs in about 1% of treatments but Lily will remove the needle immediately if there is significant discomfort;
- existing symptoms can get worse after treatment (less than 3% of patients). You should tell Lily about this, but this is usually a positive sign;
- fainting can occur in certain patients, usually if the patient is feeling very weak, hungry or tired.

### Is there anything else Lily needs to know?

Apart from the usual medical details, it is important that you let Lily know:

- if you have ever experienced a fit, faint or funny turn;
- if you have a pacemaker or any other electrical implants;
- if you have a bleeding disorder;
- if you suffer from any viral or bacterial infections;
- if you are taking anti-coagulants or any other medication;
- if you have damaged heart valves or have any other particular risk of infection;
- if you have any newly diagnosed conditions or newly prescribed medications during the course of treatment.

### After-care Notes

- Take it easy following your treatment and avoid over-exertion at the gym or at work;
- Avoid stimulants like caffeine, smoking and alcohol for the rest of the day;
- Drink plenty of water after the treatment to help encourage detoxification;
- Blood donors should wait 6 months from the date of your last acupuncture treatment before giving blood.

\* At the end of your course of treatment, Lily may wish to send you a feedback form to allow you to comment on the care that you received. Please tick this box if you prefer NOT to receive this feedback form

\*Lily may from time to time have promotional information concerning Chinese medicine that she thinks may interest you. Please tick this box if you would prefer NOT to receive such information by email or post

### Statement of Consent

I confirm that I have read and understood the above information, and I consent to having acupuncture treatment. I understand that I can refuse treatment at any time.

Signature: .....

Print Name: .....

Date: .....