

TCM Consultation

			Name:	
			Date:	
History and Health Information : Please complete the following information pertaining to your health history and sign below. All information will be kept confidential and will not be released without a signed and written letter from the patient.				
1.	Are you	under the care of a physician? Yes/No	Age: Sex: M/F	
	lf yes, fo	or what reason?	Smoking: Yes/No	
	Physicia	an's Name and Contact:	Alcohol Use: Yes/No	
2.	Do you ł	have any allergies? Yes/No If yes, please list:		
3.	Are you	Are you taking medication/supplements? Yes/No If yes, please list:		
4.	If female, are you pregnant? Yes/No If yes, what is your expected delivery date?			
5.	Please list the main concerns that you would like to focus on:			
	A	В	C	
	1.0	come to this clinic for consultation, read consent info, accept the pr	oposed recommendations and treatment:	
Signature:				
Contact Address				
		cell: e-mail:		
For Offic	ce Use On	nly		
Examina	ation [.]			
Examin				
Pulse diagnosis:		Heart, Small intestine Liver, Gallbladder	Kidney, Urinary bladder	
		Lung, Large intestine Spleen, Stomach	Kidney (Mingmen),UB	
Tongue diagnosis		s: color shape and size coa	ting	
Charact	eristics:	Yin and Yang; Exterior and Interior; Cold and He	at; Deficiency and Excess	
Notes:				
		M33-970 Burrard Street, Vancouver tel: 604 518 6455 e-mail: info@vancouvertcm.ca		