



Wellbeing Studio

Dr. Paul Carter (TCM): Confidential Client Information

Personal Details

Name Date of Birth: Gender: Male/ Female

Address:

State

Post Code

Home Phone:

Mobile:

Work:

Emergency contact (name & number):

Email:

Would you like newsletters or specials emailed to you? Yes / No

Occupation:

Referred By:

Doctor's Name

Health Insurance Company

General Medical History

Reason for visit

Have you had any previous treatment for this complaint?

In the tables below please mark (X) for present conditions, (P) for past conditions and (F) for family history.

Table with 3 columns of medical conditions and checkboxes: Alcoholism, Allergies, Anxiety, Appendicitis, Arteriosclerosis, Asthma, Auto Immune Disease, Cancer, Chicken Pox, Decreased Libido, Depression, Diabetes, Emphysema, Epilepsy, Insomnia, Frequent Urination, Goitre, Gout, Hay fever, Headache, Heart disease, Hepatitis, High Blood Pressure, Measles, Metal plates/ Pins, Migraine, Mumps, Oedema, Pacemaker, Painful Urination, Poor Memory, Pneumonia, Surgery, Sinus, Spinal Injuries, Stroke, Thrombosis, Thyroid Problems, Tuberculosis, Typhoid Fever, Urine Dribbling, Varicose Veins.

Musculo-skeletal

Table with 3 columns of musculo-skeletal conditions and checkboxes: Arthritis, Back Pain, Muscle Pain, Neck/ Shoulder pain, Limited Range of Motion, Other.

Skin and Hair

Table with 3 columns of skin and hair conditions and checkboxes: Acne, Dandruff, Eczema, Fungal Infections, Hair Loss, Rashes, Herpes, Hives, Psoriasis.

## Women's Health

Breast Distention

Irregular Period

PMS

Breast Feeding

Menstrual Pain

Pregnancy

Age menses began:

Length of cycle:

Date of last period:

Child Births:

Age at Menopause:

Other:

## Men's Health

Urination at Night

Problems emptying Bladder

Difficulty with Erection

Other:

## Medication

**Name of Medication/ Supplements**

**Strength**

**Frequency**

## Lifestyle Habits

**Exercise**

**Diet**

Breakfast

Snack

Lunch

Snack

Dinner

Snack

**Sleep**

**Caffeine**

**Alcohol**

**Tobacco**

## Other Medical Issues

## Disclaimer

I understand that within a Traditional Chinese Medicine (TCM) session, the techniques used may incorporate: Acupuncture, Cupping, Herbal Medicine and Massage. I understand that TCM is not a substitute for medical diagnosis or treatment. I confirm that I have stated all known medical conditions and agree to keep my therapist updated with my current medical profile.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_