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- Meet
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Homeopath



BULLETIN:
 Due to COVID-19, the Ontario Ministry of Health mandated that Health Professionals, when possible, should limit the number of in-person visits for the safety of health care providers and their patients. Practitioners are encouraged to continue to offer remote/virtual services and gradually restart in-person visits while supporting physical distancing to minimize patient contact. While scheduling appointments, patients will be screened for symptoms of COVID-19. Before entering the clinic at the exact appointment time, patients will be assessed and asked to wear a face covering to enter. If the previous patient has not finished, you will be asked to wait outside until there is room in the waiting area. Thank you for your patience.

THERAPEUTIC CUPPING INTAKE QUESTIONNAIRE AND CONSENT FORM

What is Cupping? Therapeutic Massage Cupping is a modified version of the common practice of cupping therapy, used in traditional Chinese medicine (TCM), and the results that this simple treatment produces are impressive. Through suction and negative pressure, therapeutic massage cupping releases rigid soft tissue; drains excess fluids and toxins; loosens adhesions and lifts connective tissue; and brings blood flow to stagnant skin and muscles.

Patient Name _____ File No. _____
 Practitioners: M.Reyes / H. Shalom / N. Sung

PERSONAL INFORMATION Date: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Telephone (cell): _____ (home): _____ (work): _____

Email: _____

Emergency Contact: _____

Weight: _____ Height: _____ Age: _____ Date of Birth: _____ Sex: _____

Occupation: _____ Are you under a doctor's care? _____

If yes, please explain _____

Doctor's Name: _____ Phone: _____

Please mark "C" next to current or chronic issues and mark "P" next to those you've had in the past.

Broken Bone	Surgical Incision	Organ Failure	Insulin Monitor
Cancer	Varicose Veins	Pregnancy	Joint or Bone Replacement
Hernia	Dislocation	Hemophilia	Hearing Aid
Slipped Disc	Fever	Diabetes	Blood Thinner
Sunburn	Kidney Illness	High/Low Blood Pressure	
Ulcerated Skin	Cardiopathy	Pacemaker	

List any major illnesses you have had _____ What age? _____

List any major broken bones you have had _____ What age? _____

List any surgeries you have had _____ What age? _____

List any major hospitalizations you have had _____ What age? _____

Check all that apply today: Fever Infection Cold/Flu Inflammation Pregnancy / Trying

Have you ever had Therapeutic Massage Cupping before? _____

WHAT ARE YOU EXPECTING TO RECEIVE FROM THIS APPOINTMENT? Is there anything specific you would like to work on during the session?

- 1-50 of 241
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 - ued guidelines for theme parks in time for the ... Jun 24
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