

## Health History

Date: (d) \_\_\_\_\_ (m) \_\_\_\_\_ 20 \_\_\_\_\_ All information is kept private and confidential

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of Birth: D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_ Occupation: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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PLEASE DESCRIBE UP TO 3 CHIEF HEALTH CONCERNS YOU WOULD LIKE US TO WORK TOGETHER

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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

What are the PRESCRIPTION MEDICATIONS you take regularly ? Please specify the reasons for use. Please use extra page if needed

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Is there anything else that you feel is important for us to know such as other frequent ongoing health symptoms, dis-ease, severe allergies, history of severe illnesses, cancer and stages, or if you are pregnant or expecting, etc...? Please use extra page if needed

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FOR PATIENTS LIVING WITH CANCER:

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- Cancer type: \_\_\_\_\_ Stage \_\_\_\_\_ Diagnosed on (approximate date) \_\_\_\_\_
- Known location of the malignant tumour \_\_\_\_\_
- Number of lymph-nodes removed: \_\_\_\_\_ Location(s): \_\_\_\_\_
- On-going treatment(s): \_\_\_\_\_  Past treatment(s) if applicable: \_\_\_\_\_

CONSENT FOR CARE

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Appointments at the TCM House may include assessments (health history taking, physical examination including palpation) and the provision of treatments or treatment recommendations. **Please circle the area you consent us to do physical palpation for assessment, treatment purposes:**

- Abdomen to the pubic bone       Buttocks       Chest wall muscles      **Please initial here: \_\_\_\_\_X**

It is your responsibility to keep your clinical team informed about any changes in your health or treatment plan. Regular updates ensure we can provide you with optimal care.

There are potential risks associated with treatments offered at the TCM House; these vary based on the type of treatment. Generally, risks may include, but are not limited to:

- Bruises, burns and skin irritation, redness with therapy that involves heat application
- Aggravation of pre-existing symptoms; Development of new symptoms or side effects;
- Allergic reactions; Emotional or psychological distress;
- Lack of benefit from treatment (results cannot be guaranteed);

**Medical emergencies:** In the event of a medical emergency during evaluation or treatment, the TCM House will take such measures as they consider to be in your best interest.

**Emails and communication:** treatment-related or medical inquiries will be addressed during in-person visit only. Emails and electronic communications or phone are for booking appointments or read-only purposes. We cannot guarantee when they will be reviewed. Frequently asked questions and answers with regards to herbal preparation, lifestyle can be found at [www.tranAcupuncture.ca/blog](http://www.tranAcupuncture.ca/blog). For emergency matters, please call 911.

**You have the right to ask questions and withdraw consent to assessment or treatment at any time by informing your healthcare provider.**

I have read and agree to care at the TCM House:

Please initial here: \_\_\_\_\_X

## VISIT FEES AND EXPENSES

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Provincial health plans (e.g. OHIP, RAMQ) do not cover complementary medicine services (including but not limited to visits, and natural health products). Some expenses may be eligible for reimbursement by private insurance plans; however the TCM House cannot accommodate third party billing. Service fees apply to all patients upon the date of their visit. Please review our Service and Fee schedule available at the reception desk.

Your appointment time is reserved just for you. We require 24 hours' notice for any cancellations or changes to your appointment. Patients who provide less than 24 hours' notice will be charged a cancellation fee of **\$30** and "no show", **100% of the visit fee**.

The sale of loose herbs are **final**. Once prepared we cannot re-stock them.

**I am aware of the visit fees and the policy related to the purchase of natural health products:**

**Please initial here:** \_\_\_\_\_ X

## COLLECTION, USE, AND DISCLOSURE OF PERSONAL HEALTH INFORMATION

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The privacy and protection of your personal information is important to the TCM House. Our practice complies with Ontario's health privacy legislation (PHIPA). All staff members who come in contact with your personal information are trained in the appropriate use and protection of your information.

Your information may be collected, used and/or disclosed for the following purposes:

- to assess your health concerns, provide health care, and advise you of treatment options;
- to coordinate care between the TCM House's practitioners;
- to establish and maintain contact with you;
- to invoice for goods and services;
- to communicate with your healthcare providers as needed to coordinate safe and effective treatment;
- to comply with all regulatory and legal requirements.

I agree that the TCM House can collect, use and disclose my personal health information as set out above:

**Please initial here:** \_\_\_\_\_ X

Please PRINT your full-name and sign: \_\_\_\_\_ X

Completed by (please circle):  Patient or  Substitute Decision Maker (SDM).