



DRAGON'S LIFE SYSTEMS

ACUPUNCTURE | CHINESE MEDICINE | CHIROPRACTIC

Email: dragonslivesystems@yahoo.com • Website: www.dragonslife.com

PATIENT REGISTRATION FORM TRADITIONAL CHINESE THERAPIES

PATIENT INFORMATION					
Name: _____		Date: _____			
Address: _____					
City: _____		State: _____		Zip: _____	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Age: _____		Birthdate: _____	
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	
Occupation: _____					
How did you hear about us? <input type="checkbox"/> Search Engine <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Website <input type="checkbox"/> Walk-in or Drive-by					
<input type="checkbox"/> Insurance Company		<input type="checkbox"/> Friend or Family		<input type="checkbox"/> Doctor <input type="checkbox"/> Other	
Who? _____		Who? _____		_____	
_____		_____		_____	

PHONE NUMBERS		
Home: _____	Work: _____	Ext: _____
Email Address: _____		
IN CASE OF EMERGENCY, CONTACT:		
Name: _____	Relationship: _____	
Home Phone: _____	Work Phone: _____	Ext: _____

What symptoms brought you to this office? Please list the symptoms and the length they have been bothering you.



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What have you done to find relief from these symptoms?

Have you had tests to determine the origin of these symptoms? When were the tests performed?

What exercise do you do?

None Moderate Daily Heavy

What medication(s) are you taking for the relief of these symptoms? What dosage(s) are you taking?

List the name, address, and phone number of your primary care physician.

When was the last time you saw him/her? _____

Do you have any physical symptoms that are currently being treated other than the symptoms you describe above? If so, what are they?



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Please list other medication and/or treatments you are undergoing that have not already been mentioned.

Are you receiving treatments for your present symptoms, are your symptoms beginning to lessen? How will you know?

Thank you for taking the time to answer these questions. They will help in understanding your problem.

INFORMED CONSENT

Nature of Treatment: Your treatment may include acupuncture, acupressure, infra-red (heat lamps), sonopuncture (sound stimulation), Chinese herbs, therapeutic exercise, and dietary counseling based on the fundamentals of Chinese medicine. Acupuncturist will explain the nature of each type of treatment as needed.

Purpose of Treatment: The purpose of the treatment is to resolve your complaint, i.e. the reason you are seeking treatment. Acupuncture is a health care service that is based on an Oriental system of medical theory. Diagnosis and treatment, based on these theories are used to promote health and treat organic or functional disorders.

Benefit of Treatment: Acupuncture and Oriental Medicine procedures have been used effectively to treat disease for hundreds of years. The World Health Organization lists 43 conditions, which may effectively be treated by Chinese medical methods. These include muscular-skeletal injuries, digestive disorders, respiratory diseases, women's health issues, etc. Acupuncturist cannot guarantee the outcome of any course of treatment.

Risk of Treatment: Acupuncture and Oriental medicine have been shown to be relatively safe. However, there are some uncommon but potential risks. These potential risks may include but are not limited to:

- Discomfort during and after the insertion of a needle
- "Needle sickness" (dizziness, fainting, nausea)
- Localized, minor bruising or swelling
- Gastro-intestinal upset with the use of Chinese herbs (if this occurs, consult with practitioner so that your formula can be modified)
- Possible, temporary aggravation of symptoms that existed prior to treatment
- A broken needle (rare with the use of disposable needles)

Please notify the acupuncturist if you have any adverse effect from treatment.

Special Situation: Some herb and acupuncture points are contra-indicated during pregnancy. Please notify acupuncturist if you might be pregnant. Additionally, you need to inform acupuncturist if you have severe bleeding disorders or if you are wearing a pacemaker or other electronic medical device.

Use of Disposable Needles: To reduce the possibility of infection from acupuncture, all needles are pre-sterilized, one-time-use needles made of surgical stainless steel needles. After each treatment they are disposed of as medical waste, needles are never reused. Additionally, our acupuncturists have training in Clean Needle Technique and Universal Precautions.

Unforeseen Risks: Our licensed acupuncturists are unable to anticipate or explain all risks and complications that may occur during or after treatment. Our licensed acupuncturists will exercise judgment based upon his/her determination of your best interests.

I request and consent to the performance of acupuncture and other Oriental Medicine procedures. I understand that I am free to withdraw my consent and that I may stop treatment or any procedure at any time. I understand that my signature in this form indicates that I have read and understand the preceding information regarding my treatment. I understand that if I have any questions about this information, I should ask the acupuncturist. I hereby release the acupuncturist from any and all liability that may occur in connection with the aforementioned procedures, except for failure to perform the procedures with appropriate medical care.

Patient Name (Printed)

Date

Patient Signature

Parent or Guardian Signature for Minor

PATIENT CONSENT FORM

I understand that I have certain rights to privacy regarding my protected health information. These rights are given to me under the Health Insurance Portability and Accountability Act (HIPAA). I understand that by signing this consent I authorize Dragon's Life Systems, Inc. to use and disclose my protected health information to carry out:

- Treatment (including direct or indirect treatment by other healthcare providers involved in my treatment)
- Obtaining payment from third party payers (e.g. my insurance company)
- The day-to-day health care operations of Dragon's Life Systems, Inc. (including appointment reminder cards and confirming appointments at home or work)

I have also been informed of, and given the right to review and secure a copy of the Notice of Privacy Practices, which contains a more complete description of the uses and disclosures of my protected health information, and my rights under HIPAA. I understand that Dragon's Life Systems, Inc. reserves the right to change the terms of this notice from time to time and that I may contact Dragon's Life Systems, Inc. at any time to obtain the most current copy of this notice.

I understand that I may revoke this consent, in writing, at anytime. However, any use or disclosure that occurred prior to the date I revoke this consent is not affected.

Patient Name (Printed)

Date

Patient Signature

Parent or Guardian Signature for Minor

I, _____, have chosen to receive Traditional Chinese Medicine, Acupuncture, and Qi Gong treatments from Sheng-Li Wang. I understand that Sheng-Li Wang is not guaranteeing a cure or any specific results in my treatment. Sheng-Li Wang does not have any agreement with any insurance company and that I, alone, am responsible for my decision to receive treatments through Sheng-Li Wang. In signing this document, I verify that I will not hold Sheng-Li Wang responsible for any lack of a cure or specific results in the treatment of my condition and follow any fee schedule. I have read and understood the above.

Patient Name (Printed)

Date

Patient Signature

Parent or Guardian Signature for Minor

Witness Name (Printed)

Witness Signature