

Medical questionnaire

No. _____

Nationality	Mail · Femail	month _____, day _____, 202	
Name	Birth: month _____, day _____, 202	_____	years old
Address		Introducer or what did you see	
Phone		Email	
<p>Chief complaint: name: _____</p> <p>position: _____, type: _____, severity: _____</p> <p>what might be cause: _____, how long (from m _____, year _____)</p> <p>expression factor: _____, aggravating factor: _____, mitigating factor: _____</p> <p>hospital visit history / exam results: _____</p> <p>Concomitant symptoms: _____</p>			
<p>Medical history</p> <p>Previous major illness or surgery (_____, y/o)(_____, y/o)</p> <p>Current/previous illnesses (diabetes, hypertension, heart disease, hepatitis, _____)</p> <p>Allergic symptoms (hay fever, atopy, food, metals, asthma, _____)</p> <p>A major illness that your parents (_____), Famili structure (_____)</p> <p>Are you new to acu & moxa? (First time, past use, occasional use, frequent use)</p>			
<p>Basic life Please enter number or circle if applicable</p> <p>Sleep: time (night _____ to morning _____), satisfied with sleep time, sleep soundly, sleep normally, sleep lightly, can't sleep at all, can't fall asleep right away, wake up in the middle of the night, trouble waking up at morning, often dream, don't feel like slept</p> <p>Meals: number (_____ times/day), amount (full, exactly, 80% full, 50% full)</p> <p>appetite (great/normal/no), snacking (daily/sometimes/never)</p> <p>favorite seasoning (sour, bitter, sweet, spicy, salty)</p> <p>Bowel (daily, once1-2 days, constipated), (hard, normal, loose stools, diarrhea)</p> <p>Urine (_____ times/day), at night(_____ times), volume(high/nor./low), color (yellow/trans.)</p>			
<p>Symptoms of concern Please circle the symptoms if applicable</p> <p>irritability, eyestrain, need to finish, irregular menstruation, amenorrhea, cramps, stress, dizziness even when lying down, rheumatism</p> <p>profuse sweating, palpitations, short breath, chest pain, excitability, dysgeusia, hot hands</p> <p>stomach discomfort, belching, nausea, vomiting, abdominal pain, thinking a lot, worrying</p> <p>coughing, runny or stuffy nose, skin abnormalities, stiff shoulders, many worries, sadness</p> <p>tinnitus, hearing loss, fearfulness, startle easily, sluggishness, lightheadedness, hot soles</p> <p>sensitivity to cold/heat, thirst, coldness, hot flashes, swelling, anemia, menstrual cramps</p>			
<p>Occupation (_____) : administrator, clerical work, customer service, physical labor, housewife, student, unemployed, others (_____)</p>			
<p>height (_____ cm), weight (_____ kg), body temperature (_____ °C), blood pressure (_____ / _____ mmHg)</p> <p>blood tests (hepatitis or _____), drugs/supplements (_____)</p> <p>liquor (kinds _____ : _____ cc/day), cigarettes (_____ /day), sports (_____)</p>			

Consent for treatment

In order to receive acupuncture and moxibustion treatments and beauty acupuncture treatments, please fully understand the following explanations, and if you wish to receive treatment, please sign this consent form.

• **Type of treatment**

This treatment is composed of "acupuncture" and "moxibustion". "Acupuncture" refers to contact or puncture of a specific part of the body surface with an acupuncture needle. "Moxibustion" refers that moxa is burned or alternative substances are used to give thermal stimulation to certain parts of the body surface.

• **Effect of treatment**

The effect of acupuncture and moxibustion is divided into "immediate effect" and "post effect", which are the cases where the effect appears immediately after the treatment, and the cases where the effect appears after a certain period of time. In addition, there are individual differences in how the effects appear and how long they last. Chronic symptoms may take a relatively long time to show the effect of the treatment.

• **During treatment**

Acupuncture is a small stimulation on the body surface, but it can cause big changes in the body. Please do not hesitate to tell us if you feel sick during the treatment or if you feel that your posture is painful.

• **After treatment**

Symptoms such as fatigue, dizziness, fever, pain, itching, and redness may rarely occur after treatment. Many of these symptoms are considered to be temporary due to improved blood flow due to the treatment. If symptoms persist or worsen, please contact us.

• **Feature of acupuncture**

Since acupuncture needles are inserted into tissues such as the skin, capillaries, and muscles, there is the possibility of subcutaneous bleeding or very slight bleeding. Bleeding or subcutaneous bleeding due to acupuncture is due to the body's normal response and not due to an error in the treatment. In rare cases, bruising may occur due to subcutaneous bleeding, but it disappears naturally in one to several weeks depending on individual differences.

• **Feature of moxibustion**

Moxibustion techniques, such as heating with the small moxa a half size of the grain of rice, extinguishing or removing moxa before it burns out, or pedestal moxa where moxibustion does not come into direct contact with the skin, are used. Moxibustion technic is applied while adjusting the amount of heat according to how you feel the heat, but in rare cases blisters, burns, and scars may remain depending on conditions such as those with weak skin or the skin is damp due to sweat.

• **About information**

Information may be used for papers, academic conferences, etc, however, by which individuals are not identified. Messages from clinic may send to you.

If you wish to receive acupuncture and moxibustion treatment, please understand the above and give your consent to receive the treatment.

I have received a sufficient explanation regarding the above matter and have understood it, so I consented to receive the treatment.

Name of consenter _____