

倪氏針灸中心

病患基本資料表

日期: _____ 聯絡電話(家): _____

名字: _____ 名字拼音(或英文名字): _____

住址: _____ 聯絡電話(公司): _____

城市: _____ 省: _____ 郵編: _____

職業: _____ 證件號碼(身份證、社會安全號碼等): _____

出生日期: _____ 性別: _____ 身高: _____ 體重: _____ 未婚/已婚

配偶姓名: _____ 緊急聯絡人: _____ 緊急聯絡電話: _____

如果非病人親自填寫此表格, 請問代填者與病人的關係為何? _____

代填者姓名: _____

1: 你會感染肝炎嗎? 如果有, 何時? _____ 是 否

2: 你患有 AIDS 或 HIV 傳染病嗎? 患病多久? _____ 是 否

3: 你會動過任何手術嗎? 請詳述何種手術及年份: _____ 是 否

4: 你曾有心臟疾病或徵兆嗎? 請說明: _____ 是 否

5: 您目前有在服用何種藥物或止痛劑嗎? 請詳列: _____ 是 否

6: 您目前懷孕嗎? 如果是, 第幾個月了? _____ 是 否

7: 您曾接受過針灸治療嗎? 是何種問題? _____ 是 否

您以前的中醫師或針灸師之姓名: _____

8: 您接受針灸後會有不良反應嗎? 如頭暈、惡心、休克 _____ 是 否

9: 請告知您看診的原因:

我們目前接受下列付款方式, 請於您今天計劃以何種方式付款。

VISA MASTER CARD AMER EXPRESS 現金 支票

病人簽名: _____

Ni's Acupuncture Center
Chinese Traditional Medical Association
3149 N. Courtenay Parkway
Merritt Island FL 32953

Phone: (321) 454-9259

Fax: (321) 454-9974

CONSENT FORM

I, _____, hereby consent to be treated with acupuncture and herbal medicines by Hai-Sha Ni or whomever S/He designates in his or her absence.

I understand that acupuncture is performed by the insertion of fine needles into specific points on the body with the intent of improving body functions and /or relieving pain. I understand that only pre-sterilized, disposable needles will be used. I further understand that the needles may cause some temporary localized pain, bruising, or light headaches "Moxibustion" a.k.a. heat therapy may also be used and natural herbal formula may be prescribed. We treat our patients by following symptoms according to TCM.

I am in full compliance with the fact that in the event I decide to seek treatment from a health practitioner outside this clinic and patient records need to be transferred, all herbal prescriptions/acupuncture points on the records are copyrighted, the exclusive property of THIS clinic and may not be used without express written permission from THIS clinic. Any request of patient records by me or any other health practitioner I decide to transfer to for purposes of using copyrighted herbal/acupuncture prescriptions of THIS clinic without permission is strictly prohibited.

I accept the fact that there is no guarantee concerning the outcome of my acupuncture or herbal treatments and I understand that I may stop treatment at any time. I accept the fact that if the symptoms do not improve or if the symptoms worsen within a few treatments, I agree to seek another alternative treatment or consult with my MD. I also accept that there are NO REFUNDS on any services, including herbal formula .

Our herbal supplements are for relieving symptoms only. The herbal supplements are not intended to diagnose, cure, prevent or treat any disease.

Payment must be made in full at the time of treatment. We do not handle insurance claims. You may file for possible reimbursement from your insurance company. Please ask the receptionist to include the diagnosis code(s) on your receipt during each visit for insurance purpose

Signature of Patient or Guardian

Date

The employees of Ni's Acupuncture Center and CTMA endeavor to maintain your confidentiality to the best of their ability. If you have any questions or concerns regarding the privacy of your records, please contact the office manager.

倪氏針灸中心

Fax: 321-454-9974

傳真問診表

傳真看診費：\$ 80.00

(請以正楷填寫)

姓名：

1：食欲狀況

您在何時刻會有飢餓感？ 早餐 午餐 晚餐

您的味覺如何？

在用餐時，您的食量是 少量 適中 大量 請說明

2：排便狀況

請告知您的排便狀況？(次/天，天/次)

排泄物是長條形且堅硬的嗎？請描述

排泄物是何顏色？

其它有關您的排便狀況：

3：排尿狀況

請告知您的排尿狀況(次/天)

尿液是何顏色？

排尿量？ 少量 適中 大量

你在排尿時是否有很用力？請說明

您是否有異常的口渴？請說明

您是否有異常的流汗？請說明(例如盜汗)

其它有關於您的排尿狀況：

***舌苔的顏色及幹濕：

4：睡眠狀況

您是否能一覺到天亮？請說明

起床後，您是否覺得有充分的休息？

其它有關於您的睡眠狀況：

5：頭部和四肢

您覺得額溫是冷的并舒服嗎？

您的手背及腳背溫度是涼的嗎？

您的手心及腳底溫度是溫的嗎？

其它有關於您的頭部和四肢狀況：

6：陽反應

(男性) 早上起床時，您的生殖器是否有勃起？ 是 否

(女性) 早上起床時，您的乳頭是否有勃起？ 是 否

7：疼痛

您有疼痛在：

背部

腳部

手部

其它地方

8：其它症狀 (可繪圖表示)

***請填寫接受藥方的傳真號碼：_____

***付款信息：信用卡號碼及使用期限

信用卡類型：VISA MASTER CARD AMER EXPRESS

信用卡卡號：_____

有效期：____月____年

信用卡背後的最後3(或4)位數字：_____

***如您需要我們郵寄藥物給您，請填寫您的目前的郵寄地址

街道門牌：_____

城市：_____ 州(省)：_____

郵編：_____