



## TCM Consultation

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### History and Health Information:

*Please complete the following information pertaining to your health history and sign below. All information will be kept confidential and will not be released without a signed and written letter from the patient.*

1. Are you under the care of a physician? Yes/No                      Age:\_\_\_\_              Sex: M/F  
If yes, for what reason? \_\_\_\_\_                      Smoking: Yes/No  
Physician's Name and Contact: \_\_\_\_\_                      Alcohol Use: Yes/No
2. Do you have any allergies? Yes/No              If yes, please list: \_\_\_\_\_
3. Are you taking medication/supplements? Yes/No              If yes, please list: \_\_\_\_\_
4. If female, are you pregnant? Yes/No              If yes, what is your expected delivery date? \_\_\_\_\_
5. Please list the 3 main concerns that you would like to focus on:  
A. \_\_\_\_\_              B. \_\_\_\_\_              C. \_\_\_\_\_

*I come to this clinic for consultation and accept the proposed recommendations and treatment.*

Signature: \_\_\_\_\_

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### **For Office Use Only**

Examination: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pulse diagnosis: Heart, Small intestine \_\_\_\_\_      Liver, Gallbladder \_\_\_\_\_      Kidney, Urinary bladder \_\_\_\_\_  
Lung, Large intestine \_\_\_\_\_      Spleen, Stomach \_\_\_\_\_      Kidney (Mingmen), UB \_\_\_\_\_

Tongue diagnosis: color \_\_\_\_\_ shape and size \_\_\_\_\_ coating \_\_\_\_\_

Characteristics: Yin and Yang;      Exterior and Interior;      Cold and Heat;      Deficiency and Excess

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_