

Lam Clinic of Traditional Chinese Medicine

825 S. Broadway • Boulder, Colorado 80305 • 303.444.2357

Welcome to the Lam Clinic of Traditional Chinese Medicine. To help us provide you with the best possible care, please complete this form. This information will remain confidential.

Your Name: _____ Date of Birth: / / Age: _____

☐ Male ☐ Female

Social Security Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone (day): _____ Phone (evening): _____
Occupation: _____

Email: _____

In case of emergency, contact:

Name: _____ Relationship: _____ Phone: _____
Street Address: _____ City: _____ State: _____ Zip: _____

How did you hear about us?

Please describe your reason for today's visit:

Have you ever had this difficulty or a similar one before? If yes, please explain:

Is it getting ☐ better ☐ worse or ☐ staying about the same?

What seems to make it feel better?

What seems to make it feel worse?

Are you being treated elsewhere? ☐ Yes ☐ No
By whom?

What was the diagnosis?

What were the results of treatment?

Are you currently taking prescription medicines, herbs, or supplements? ☐ Yes ☐ No
If so, which ones?

Personal Medical History

Please check applicable boxes if you have had any of these medical conditions:

- ☐ Addiction (drugs or alcohol)
- ☐ AIDS/ARC
- ☐ Allergies
- ☐ Anemia
- ☐ Appendicitis
- ☐ Arteriosclerosis
- ☐ Asthma
- ☐ Bleeding Tendency
- ☐ Blood Pressure (low)
- ☐ Blood Pressure (high)
- ☐ Cancer
- ☐ Chicken Pox
- ☐ Diabetes
- ☐ Digestive Disorder
- ☐ Emotional Difficulties
- ☐ Emphysema
- ☐ Epilepsy
- ☐ Fatigue
- ☐ Gout
- ☐ Headaches
- ☐ Heart Disease
- ☐ Hepatitis
- ☐ Herpes
- ☐ HIV positive
- ☐ Hypoglycemia
- ☐ Injuries
- ☐ Insomnia
- ☐ Intestinal Parasites
- ☐ Measles
- ☐ Multiple Sclerosis
- ☐ Mumps
- ☐ Pacemaker
- ☐ Polio
- ☐ Rheumatic Fever
- ☐ Scarlet Fever
- ☐ Sexually Transmitted Disease
- ☐ Stroke
- ☐ Surgery (list) _____

- ☐ Thyroid Disorders
- ☐ Trauma (falls, accidents)
- ☐ Tuberculosis
- ☐ Ulcers
- ☐ Other: _____

Family Medical History

Please check applicable boxes if anyone in your family has these conditions:

- ☐ Alcoholism
- ☐ Allergies (list)

- ☐ Arteriosclerosis
- ☐ Asthma
- ☐ Cancer
- ☐ Diabetes
- ☐ Heart Disease
- ☐ High Blood Pressure
- ☐ Seizures
- ☐ Stroke

Please describe what you eat in a typical day:

Breakfast:

Lunch:

Dinner:

Snacks:

Medications:

Coffee:

Cigarettes:

Marijuana:

Recreational drugs:

Symptom Review

Please put one check by a symptom you sometimes experience; use two checks for those which often occur, and three checks for symptoms that are a major concern.

Heart and Chest

- ☐ Headaches ☐ Palpitations ☐ Nervousness
☐ Dizziness ☐ High blood pressure ☐

Tremors

- ☐ Memory loss ☐ Tightness in chest
☐ Convulsions ☐ Other ☐ Low blood pressure

Neurological

- ☐ Numbness or tingling ☐ Other ☐ Nerve pain
☐ Difficulty lying flat ☐ Lack of coordination

Eyes

- ☐ Blurred vision ☐ Eyelid problem ☐ Other
☐ Floaters ☐ Pain

Circulation

- ☐ Pain ☐ Bruise easily ☐ Bleed easily
☐ Cold limbs, hands, or feet ☐ Hot palms
☐ Overall feeling of warmth
☐ Overall feeling of cold ☐ Other

Sleep

- ☐ Insomnia ☐ Drowsiness
☐ Excessive dreaming ☐ Other

Ears

- ☐ Hearing difficulty ☐ Other
☐ Earaches ☐ Ringing (circle Low/High)

Nose

- ☐ Sinus trouble ☐ Congestion

Mouth

- ☐ Gum problems ☐ Dental problems
☐ Unusual tastes ☐ Tongue problems

Urinary

- ☐ Frequent ☐ Nighttime ☐ Cloudy
☐ Difficult ☐ Painful ☐ Bleeding ☐ Other
☐ Discharge

Throat

- ☐ Sore throat ☐ Other
☐ Hoarseness
☐ Difficulty swallowing

Skin

- ☐ Rashes ☐ Dryness
☐ Moles or lumps that change
☐ Lumps that don't change
☐ Excessive sweating ☐ Night sweating
☐ Seldom sweat ☐ Other

Respiration

- ☐ Difficulty inhaling ☐ Difficulty exhaling
☐ Cough

Digestion

- ☐ Excessive appetite ☐ Normal
☐ Low appetite ☐ Other
☐ Always thirsty ☐ Jaw problems
☐ Never thirsty ☐ Nausea
☐ Stomach or abdominal pain

Bowel Movement

- ☐ Diarrhea ☐ Constipation
☐ Rectal bleeding
☐ Colon problems ☐ Bleeding
☐ Pain

Women Only

Are you or might you be pregnant?

☐ Yes ☐ No ☐ Maybe.

If yes, what month? _____

What method of birth control do you use?

Do you have regular PAP tests? ☐ Yes ☐ No.

How often? _____

Are you experiencing unusually low or high sexual desire? Other difficulties?

Age at first menstruation:

Age at menopause:

Date of first day of last menstrual cycle:

Number of days of last menstruation (bleeding):

Usual length of monthly cycle (from first day of bleeding until day before next bleeding):

Are your periods...

- ☐ Irregular: ☐ Short ☐ Long ☐ Variable
☐ Light blood ☐ Thick blood ☐ Watery blood
☐ Heavy bleeding ☐ Heavy clotting
☐ Light bleeding ☐ Stop and start again
☐ Dark blood... ☐ Red ☐ Purple ☐ Brown
☐ Spotting... ☐ Before ☐ After ☐ Mid-cycle

Painful:

- ☐ Before ☐ During ☐ After ☐ Mid-cycle

Relieved by... ☐ Heat ☐ Cold ☐ Pressure

Do you have any pre-menstrual symptoms?

- ☐ Painful or swollen breasts ☐ Nausea
☐ Irritability ☐ Cramps or pain ☐ Crying
☐ Depression ☐ Other:
☐ Food cravings:

Vaginal discharge

- ☐ Normal ☐ Bad odor ☐ Watery ☐ Itching
☐ Thick ☐ Dryness ☐ Yellow ☐ Other:
☐ Clear or white

Gynecological surgeries or problems (please describe)

- ☐ Ovaries: ☐ Vagina: ☐ Uterus: ☐ Breasts:
☐ Fallopian Tubes: ☐ Other:

Pregnancies

Total number:

Complications:

Number of children:

Abortions or miscarriages:

How long ago was your last pregnancy?

Men Only

Do you experience...

- ☐ Reduced libido ☐ Urinary frequency
☐ Excessive libido ☐ Impotence
☐ Premature ejaculation ☐ Genital discharge
☐ Seminal emission (spontaneous ejaculation without sexual stimulation)
☐ Pain associated with genitals
☐ Other:

Thank you for completing this form. If you need additional space to list health history, please use the space below.

Mandatory Disclosure of Information and Informed Consent to Acupuncture Treatment

Lam's Clinic of Traditional Chinese Medicine

Marco Chung-Shu Lam, Registered Acupuncturist

2516 Broadway St. Boulder, CO 80304

303.444.2357

Please read this document carefully and sign where indicated on the reverse side.

Fees

My basic fees for an office visit run on a sliding scale.

Acupuncture	\$50-100	Office Visit	\$50-100
Herbal Therapy	\$5-50	Exercise/Qi gong	\$20-80
Moxa	\$5-50	Tuina/Shiatsu	\$50-100

All fees are due at the time of each treatment. We file claims for personal injury claims directly and for worker's compensation claims with a MD's referral. If you have other health insurance which covers acupuncture, we are happy to provide you with a receipt for your claim. If you need to cancel your appointment, please give us at least 24 hours notice; otherwise, we will charge for missed appointments.

Education

Marco Lam attended Southwest Acupuncture College in Boulder, Colorado and received his MSOM (Master of Science in Oriental Medicine) in 2001. His education included over 1000 hours of clinical training, in addition to extensive instruction in the theory and practice of Traditional Chinese Medicine including acupuncture, Chinese herbology, Chinese dietetics, massage and qi gong. Western principles of anatomy, physiology, pathophysiology and pharmacology also represent a significant part of my training. The Southwest Acupuncture College 3 year degree program includes over 2,800 hours of clinical and classroom training. In addition to the Southwest program, Marco Lam studied at the Tai Hsuan Foundation, a Taoist monastery and College of Acupuncture and Herbal Medicine where he received an additional 300 hours of training in acupuncture and herbal clinical sciences. Prior to Southwest Acupuncture College, I attended the Hawai'i College of Traditional Oriental Medicine where I received over 700 hours of education in Classical Chinese medical theory, herbal medicine and Western biomedical sciences. I am committed to exceed national and state requirements for continuing education and consider myself a lifetime student of Chinese medicine.

Professional Certification

In 2001, Marco received his Diplomate in Acupuncture from the NCCAOM (National Certification Commission for Acupuncture and Oriental Medicine, formerly NCCA). I am an active professional member of the NCCAOM in good standing. I hold Clean Needle Technique certificates from the Council of Colleges of Acupuncture and Oriental Medicine. Marco Lam is a registered acupuncturist in the State of Colorado. All my licenses, certifications and registrations are in good standing and have never been revoked.

General Information

In our practice, we comply with all rules and regulations of the Department of Health with respect to the

practice of acupuncture, including those related to the proper sterilization and maintenance of equipment and the sanitation of acupuncture clinics. We use only sterile, single-use disposable needles.

The practice of acupuncture is regulated by the Department of Regulatory Agencies. You can reach the

Department by mail at 1560 Broadway, Suite 1545, Denver, CO 80202 or by telephone at (303) 894-2464.

You are the most important person on your health care team. You are entitled to receive clear and understandable information about the methods of therapy, techniques used, and the duration of therapy. If you have any questions about your acupuncture or herbal therapy, please feel free to call your practitioner at the office telephone number above. You may seek a second opinion from another health care professional, or terminate therapy at any time. In any professional relationship, sexual intimacy is never appropriate, and should be reported to the

Director of the Division of Registrations in the Department of Regulatory Agencies.

Informed Consent

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of acupuncture on me (or on the patient named below, for whom I am legally responsible) by Marco Lam, and/or other Colorado registered acupuncturists who may treat

me now or in the future while working at or associated with Lam's Clinic of Traditional Chinese

Medicine, or who may serve as a substitute for Marco Lam, also referred to herein as the Acupuncturist.

I understand that there are some minor risks attendant to acupuncture treatment, including, but not limited to some slight bruising of the skin (hematoma) and/or slight bleeding. I understand that the risk of infection is negligible when all needles are sterile.

I have had an opportunity to discuss with the Acupuncturist named herein and/or with other office or

clinical personnel the nature and purpose of acupuncture. I understand that results are not guaranteed.

I do not expect the Acupuncturist to be able to anticipate and explain all risks and complications, and I wish to rely on the Acupuncturist to exercise judgment during the course of the procedure which the Acupuncturist feels at the time, based upon the facts then known, is in my best interests.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above-named procedures. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

About Your Treatment

1. Sometimes, after receiving an acupuncture treatment, you may feel a little bit light headed. If that happens, please sit for a while in the waiting room. In a few minutes you'll feel fine.

2. Herbal prescriptions and herbal patent medicines are intended only for the person for whom they are dispensed.

Please sign and date below to indicate that you have read and understand this form.

patient signature (or guardian, if minor) date

printed name

street address

city, state, zip

telephone number