Welcome to Body & Brain Centre!

| Name: | | DOB: | Age: |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Address: | | Suburb: | Postcode: |
| Phone: | Mobile: | Occupation | on: |
| Email Address: Please Tick: ☐ I would I | like to receive newsletters wi | Hobbies: th special offers, health | h tips and more. |
| Emergency Contact | - Name: | Phone: | R'ship: |
| Children Names & A | \ges: | | |
| Could you be pregn | ant? ☐ No ☐ Trying ☐ Ye | es: weeks Are yo | ou breastfeeding? ☐ Yes ☐ No |
| Who can we thank f | or referring you? | PS th | ney will get a thank-you voucher |
| If online, what searc | ch words were used? | | |
| Have you had Acup | uncture / TCM care prev | iously? Yes / No La | st Treatment: |
| Name of Previous D | octor of Traditional Chir | nese Medicine: | |
| What is the reason y | you are seeking TCM / A | cupuncture for toda | ay? |
| Have you had any to tests? ☐ Bloods ☐ In (please specify) | ests for this condition? (naging (X-rays, MRI, ultrastication (including supple Current: | ☐ Yes ☐ No What sound, CAT) ☐ Othe | |
| Significant Previous | 3: | | |
| Incident:Incident:Incident:Incident: Have you suffered a | Year:Year:Year:Year:Year:Year: | Incident: Incid | sion ☐ Hormonal concerns sion ☐ Dementia ☐ Seizures ☐ Muscle cramps / twitches Hospitalisation in last 5 years |
| • | | | |
| | ur Family suffered any m for each condition. Exam | | onditions? Please indicate |
| | | | |

Physical Chiropractic Myotherapy Remedial Massage Brain Biofeedback Neuro-Rehab Brain Scans Emotional Counselling Meditation Nutritional Dietetics/Nutrition Naturopathy **Traditional**Acupuncture
Chinese Medicine

Informed Consent to Acupuncture & Traditional Chinese Medicine Care

Please read this information carefully, and ask your practitioner if there is anything that you do not understand or if any questions arise.

What is acupuncture?

Acupuncture is a form of therapy in which fine needles are inserted into specific points on the body. Some practitioners also use a smouldering herb called 'moxa' to warm these points.

Cupping therapy may also be used where special cups are placed on your skin to create suction.

Herbs and supplements may be prescribed.

Is acupuncture safe?

Acupuncture is generally very safe. Serious side effects are very rare – less than one per 10,000 treatments. It's important to provide your Doctor of Chinese Medicine with a full and accurate medical history and all your symptoms.

Does acupuncture have side effects?

You need to be aware that:

- Drowsiness occurs after treatment in a small number of patients, and, if affected, you are advised not to drive:
- Minor bleeding or bruising occurs after acupuncture in about 3% of treatments;
- Pain during treatment occurs in about 1% of treatments;
- Symptoms can get worse after treatment (less than 3% of patients). You should tell your acupuncturist about this, but it is usually a good sign;
- Fainting can occur in certain patients, particularly at the first treatment;
- Herbs and supplements can sometimes upset the stomach, cause a skin rash or interact with medication. It's important that your practitioner knows all your medication to mitigate any interactions.

In addition, if there are particular risks that apply in your case, your practitioner will discuss these with you.

Other treatment options are available such as medication, surgeries and physical therapies. Acupuncture & Traditional Chinese Medicine can be used as a stand-alone therapy or in conjunction with your other therapies.

The risk of remaining untreated or delaying treatment can complicate your condition and make future treatment programs more complex, timely and expensive.

PLEASE DO NOT SIGN UNTIL YOU HAVE SPOKEN TO YOUR ORIENTAL DOCTOR.

I have read the above and acknowledge I am aware of and understand the potential risks. I do not expect the Acupuncturist / Traditional Chinese Medicine Doctor to be able to anticipate or explain all the risks and complications. I wish to rely on her/his judgement during the course of the procedures which she/he feels, at the time, based upon the facts known, is in my best interests.

I have had the opportunity to discuss with the Oriental Doctor & ask questions about the nature and purpose of the examination and treatment and all of my concerns. I understand that results are not guaranteed.

| Please Tick | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--|
| □ The information provided is accurate and fully inclusive to the best of my knowledge. I understand the advice and treatment plan is made on the information that I provide. I will update my practitioner on any medical conditions or health concerns as they arise. □ I hereby request and consent to Traditional Chinese Medicine examination and management. I understand that I can withdraw my consent at any time. | | | ☐ I consent to information being sent to third parties when I have authorised it (eg: private health insurance) ☐ I understand I must provide 24 hours notice if I'm unable to attend my scheduled appointment to avoid paying a 50% late fee. If I fail to attend an appointment without notice, I understand I'm liable for 100% of the consultation fees. I also understand that fees are payable on the day of consultation. | | |
| SIGNATURE | | | ATE | | |
| PRINT NAME (Parent/Guardian if under 18 years) | | | | | |
| ORIENTAL DOCTOR'S SIGNATUREOwn behalf of any current or future TCM / Acupuncturists of BBC | | | | | |
| Physical | Brain | Emotional | Nutritional | Traditional | |
| Chiropractic | | Counselling | | · · | |
| Myotherapy Remedial Massage | | Meditation | Naturopathy | Chinese Medicine | |

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