



# LILY LAI and Associates

## Acupuncture and Chinese Herbal Medicine

Fully Registered and Insured with the RCHM, ATCM and BAaC

Confidential

### PATIENT RECORD

Date of first consultation: \_\_\_\_\_

<b>Title</b>		<b>Sex</b>	
<b>First Name</b>		<b>Date of Birth</b>	
<b>Surname</b>		<b>Marital status</b>	
<b>Address</b>		<b>Home Phone No.</b>	
		<b>Mobile Phone No.</b>	
		<b>Occupation</b>	
<b>Postcode</b>		<b>No. of children</b>	
<b>Email</b>			

In case of emergency please contact			
<b>Name</b>		<b>GP</b>	
<b>Relationship</b>		<b>GP Surgery</b>	
<b>Contact No.</b>		<b>Surgery No.</b>	

<b>Main reason for visit</b>	
<b>Other health concerns</b>	
<b>Current prescribed medicines</b>	
<b>Current supplements</b>	
<b>Allergies</b> (eg. foods, medicines, materials, chemicals)	
<b>Other treatments you are currently receiving</b>	
<b>Received Acupuncture / Herbs before?</b>	Yes / No
<b>How did you hear about Lily Lai &amp; Associates?</b> (please circle)	Google / Leaflet / Acupuncture Fertility Network / Poster / Yahoo Recommendation from: _____ Other: _____



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### Medical History

Please fill in with:

C for Current problems  
P for Past problems  
F for Family problems

Heart		Skin		Deep vein thrombosis		Epilepsy/faints	
Liver		Hepatitis		Blood pressure		Injuries/sprains	
Diabetes		HIV/AIDS		Osteoporosis/osteoarthritis		Depression	
Thyroid		Contagious illness		Varicose veins		Possibly pregnant	
Kidney		Stroke		Haemophilia		Pacemaker	
Cancer		Phlebitis		Lung		Recent/upcoming surgery	
Digestive		Neurological					

If you have marked any of the above conditions, please give brief details below (eg. Sciatica for 2 years since car accident)

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Please briefly state any other medical conditions you have been diagnosed with or injuries you have sustained:

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Please briefly state any surgical procedures you have received in the last 10 years:

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### **Patient Information and Consent Form**

Please read this carefully and speak to us if there is anything you do not understand before you consent to treatment.

#### **Does acupuncture have side effects?**

Acupuncture is generally very safe and we only single-use, sterile disposable needles in the clinic. All our acupuncturists and herbalists are fully qualified and insured and are members of Acupuncture and Chinese Herbal Medicine regulatory bodies. All used needles are properly disposed of on a regular basis by a registered Clinical Waste Disposal Unit.

Side effects are very rare - less than 0.01% of treatments. However, you should be aware that:

Drowsiness occurs after treatment in some patients and, if affected, you are advised not to drive;

Minor bleeding, bruising and haematomas occur after acupuncture in approximately 3% of treatments;

Pain during treatment occurs in about 1% of treatments but we will remove the needle immediately if there is significant discomfort;

Existing symptoms can get worse after treatment in less than 3% of patients before improvements are observed. This is a positive sign and you should inform us about this;

Fainting can occur in certain patients, usually if the patient is feeling very weak, hungry or tired.

#### **Is there anything else we need to know?**

Apart from the usual medical details, it is important that you let us know if you:

have ever experienced a fit, faint or funny turn;

have a pacemaker or any other electrical implants;

have a bleeding disorder;

are pregnant;

are taking any anti-coagulants (blood thinners) or any other medications;

suffer from any viral or bacterial infections;

damaged heart valves or have any particular risk of infection.

#### **After-care Advice**

Take things easy following your treatment and avoid over-exertion at the gym, work or at home;

Avoid stimulants like caffeine, smoking and alcohol for the rest of the day;

Drink plenty of water after the treatment to help encourage detoxification;

Blood donors are required to wait 6 months from the date of the last acupuncture treatment before giving blood;

If you have any newly diagnosed conditions or newly prescribed medicines during your course of treatment, please inform us so we can keep your medical notes up to date.



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### Privacy Policy

The information received and collected about our patients is strictly private and confidential. It is used and viewed only by healthcare professionals and staff at Lily Lai & Associates. Communication with another healthcare professional outside of the clinic will not happen without the consent of the patient, unless required by law.

At the end of your course of treatment, we may wish to send you a feedback form to allow you to comment on the care that you received with us. Please tick this box if you prefer NOT to receive this feedback form  ;

We may from time to time wish to send out newsletters and other information concerning Chinese medicine that we think may interest you. Please tick this box if you would prefer NOT to receive such information by email or by post  .

### Payments

We are able to take payments by cash or cheque only. Cheques are made payable to the practitioner providing your treatment.

Our prescriptive Chinese herbal medicines are made to order and once ordered for you, they cannot be re-used. These medicines must therefore be paid for in advance of us placing an order for you.

### Cancellation and Rescheduling Policy

We reserve appointment times for you in good faith and our appointments can be in high demand, particularly during busy periods such as weekday evenings and weekends. For this reason if you are going to be late, please call or text your practitioner to confirm that there is sufficient time to continue ahead with treatment.

We operate a strict 24 hour cancellation and rescheduling policy to allow us sufficient time to contact another patient to offer them your appointment time. Therefore we reserve the right to charge the full cost of the treatment if you fail to turn up for your appointment or if you cancel with less than 24 hours notice and a patient is unable to make your appointment. We will inform you of such due payment by telephone, email or post.

### Statement of Consent

I confirm that I have read and understood the above information, and I consent to receiving acupuncture treatment. I understand that I can refuse treatment at any time and that any appointments I make are subject to a 24 hour cancellation or rescheduling policy.

Signature	
Print Name	
Date	