Integrative Medicine Center

301 W. State Street Ithaca, New York 14850 Phone: (607) 275-9697 Fax: (607) 697-0153

Patient Records

1. Name

Last First MI

2. Address

P.O. Box or Street City State Zip Code

3. Contact Number ( )

( )

Home Work/Cell

4. Email Address

5. Birth Date / /

Age

Gender

6. Employer

Occupation

7. To Notify in Case of Emergency

Name Relationship

Address

P.O. Box or Street City State Zip Code

Contact Number ( )

( )

Home Work/Cell

8. Reason for Visit

9. Allergies

10. Current Medication(s) & Reason for Use

11. Brief Medical History & Surgeries

|  |  |  |
| --- | --- | --- |
| 12. Do you have or have you had any of the following? (please circle) | YES | NO |
| If YES, please circle all that apply: HIV Positive | AIDS | Hepatitis |

13. Are you a vegetarian? (please circle) YES NO

If so, would you consider using animal products for medicinal purposes? (please circle) YES NO

14. How did you hear about our clinic?

15. Physician’s Name

Office Number ( )

The 9 Constitutional Types

of Traditional Chinese Medicine

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Yang Deficiency Type  Symptoms | | 1  Never | 2  Seldom | 3  Sometimes | 4  Often | 5  Always |
| Cold hands and feet | |  |  |  |  |  |
| Sensitive to coldness in the stomach, upper back, lower back & knees | |  |  |  |  |  |
| Sensitive to the cold (always wearing more clothing than others) | |  |  |  |  |  |
| Less tolerance for cold weather from the air, A/C, and fans | |  |  |  |  |  |
| Easily catch a cold | |  |  |  |  |  |
| Feel uncomfortable after eating cold food | |  |  |  |  |  |
| Often have diarrhea after eating cold food | |  |  |  |  |  |
| TOTAL | |  | | | | |
| NO (7-14) | TENDENCY (15-28) | YES (29-35) | | | | |
| 2. Yin Deficiency Type  Symptoms | | 1  Never | 2  Seldom | 3  Sometimes | 4  Often | 5  Always |
| Hands and feet feel hot | |  |  |  |  |  |
| Face and surface of the body feel flushed | |  |  |  |  |  |
| Dry lips and skin | |  |  |  |  |  |
| Lip color is more red than normal | |  |  |  |  |  |
| Tendency to have dry bowel movements or constipation | |  |  |  |  |  |
| Cheeks are red | |  |  |  |  |  |
| Dry eyes | |  |  |  |  |  |
| Easily sweat after exercising, excessive perspiration | |  |  |  |  |  |
| TOTAL | |  | | | | |
| NO (8-18) | TENDENCY (19-29) | YES (30-40) | | | | |
| 3. Qi Deficiency Type  Symptoms | | 1  Never | 2  Seldom | 3  Sometimes | 4  Often | 5  Always |
| Overall feeling of fatigue | |  |  |  |  |  |
| Shortness of breath after walking or exercising | |  |  |  |  |  |
| Palpitations | |  |  |  |  |  |
| Dizziness when changing positions | |  |  |  |  |  |
| Get sick easily | |  |  |  |  |  |
| Tendency to be sedentary and quiet | |  |  |  |  |  |
| Lower voice | |  |  |  |  |  |
| Excessive perspiration after physical movement | |  |  |  |  |  |
| TOTAL | |  | | | | |
| NO (8-18) | TENDENCY (19-29) | YES (30-40) | | | | |
| 4. Stagnation for Phlegm Type  Symptoms | | 1  Never | 2  Seldom | 3  Sometimes | 4  Often | 5  Always |
| Tension in chest and extension in the stomach | |  |  |  |  |  |
| Always feeling sluggish | |  |  |  |  |  |
| Stomach is soft and puffy | |  |  |  |  |  |
| Forehead has an excessive secretion of oil | |  |  |  |  |  |
| Upper eyelids are swollen or puffy | |  |  |  |  |  |
| Sticky feeling in mouth | |  |  |  |  |  |
| Excessive phlegm in the throat, constant need to clear mucus in throat | |  |  |  |  |  |
| Thick white coating on the top of the tongue | |  |  |  |  |  |
| TOTAL | |  | | | | |
| NO (8-18) | TENDENCY (19-29) | YES (30-40) | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 5. Stagnation of the Damp Heat Type  Symptoms | | | 1  Never | 2  Seldom | 3  Sometimes | 4  Often | 5  Always |
| Face and nose feel sticky and oily | | |  |  |  |  |  |
| Easily grow pimples and boils, prone to skin infections | | |  |  |  |  |  |
| Bitter or metallic taste in the mouth | | |  |  |  |  |  |
| Slow, forced bowel movements, still feel unfinished afterwards | | |  |  |  |  |  |
| Burning sensation while urinating, urine is a darkened color | | |  |  |  |  |  |
| Yellow vaginal discharge | | |  |  |  |  |  |
| Dampness in the genital area | | |  |  |  |  |  |
| TOTAL | | |  | | | | |
| NO (7-14) | | TENDENCY (15-28) | YES (29-35) | | | | |
| 6. Blood Stagnation Type  Symptoms | | | 1  Never | 2  Seldom | 3  Sometimes | 4  Often | 5  Always |
| Bruises on skins | | |  |  |  |  |  |
| Redness or red lines on cheek area | | |  |  |  |  |  |
| Painful feeling all over body, general chronic pains | | |  |  |  |  |  |
| Dark colored skin tone and/or black spots on the skin | | |  |  |  |  |  |
| Dark eyes | | |  |  |  |  |  |
| Forgetfulness | | |  |  |  |  |  |
| Darkened lip color | | |  |  |  |  |  |
| TOTAL | | |  | | | | |
| NO (7-14) | TENDENCY (15-28) | | YES (29-35) | | | | |
| 7. Sensitive Type  Symptoms | | | 1  Never | 2  Seldom | 3  Sometimes | 4  Often | 5  Always |
| Sneeze often | | |  |  |  |  |  |
| Stuffy and/or runny nose, even when not sick | | |  |  |  |  |  |
| Wheezing during seasonal, temperature or smell changes | | |  |  |  |  |  |
| Often react allergically to medicine, food, smells, pollen, seasonal changes, or changes in the weather | | |  |  |  |  |  |
| Easily get hives or skin rashes | | |  |  |  |  |  |
| Easily have allergic skins reactions (purple dots) | | |  |  |  |  |  |
| Skin is sensitive to the touch, skin becomes red, raised and inflamed | | |  |  |  |  |  |
| TOTAL | | |  | | | | |
| NO (7-14) | TENDENCY (15-28) | | YES (29-35) | | | | |
| 8. Qi Depression Type  Symptoms | | | 1  Never | 2  Seldom | 3  Sometimes | 4  Often | 5  Always |
| Always unhappy, negative attitude toward everything | | |  |  |  |  |  |
| Easily stressed, feel anxious often | | |  |  |  |  |  |
| Always worried and easily prone to nervous breakdowns | | |  |  |  |  |  |
| Always feel fearful, easily startled | | |  |  |  |  |  |
| Tenderness in the breasts and under-arm area | | |  |  |  |  |  |
| Exaggerated exhalations for no reason | | |  |  |  |  |  |
| Irritation in the throat, difficult to clear, feels like something is stuck | | |  |  |  |  |  |
| TOTAL | | |  | | | | |
| NO (7-14) | TENDENCY (15-28) | | YES (29-35) | | | | |
| 9. Balanced Type  Symptoms | | | 1  Never | 2  Seldom | 3  Sometimes | 4  Often | 5  Always |
| Full of energy | | |  |  |  |  |  |
| Clear and sharp thinking | | |  |  |  |  |  |
| Strong tone to the voice | | |  |  |  |  |  |
| Feelings of happiness | | |  |  |  |  |  |
| Does not get sick easily | | |  |  |  |  |  |
| Feel harmonized with nature and society | | |  |  |  |  |  |
| Sleep well | | |  |  |  |  |  |
| Great memory | | |  |  |  |  |  |
| TOTAL | | |  | | | | |
| NO (8-18) | TENDENCY (19-29) | | YES (30-40) | | | | |

CONSENT TO TREATMENT & FINANCIAL AGREEMENT

I, the undersigned, do affirm that I advise (print patient name) \_ to consult a physician regarding the condition or conditions for which the patient seeks acupuncture and/or herbal treatment.

SIGNATURE OF LICENSED ACUPUNCTURIST DATE

I, the undersigned, do affirm that I, the patient, am seeking acupuncture and/or herbal treatment from Noha Ghaly, a NYS licensed acupuncturist and a NCCAOM certified herbologist.

I, the undersigned, do understand that I am advised by Dr. Noha Ghaly to consult a physician regarding the condition or conditions for which I, the patient, seek acupuncture treatment.

I, the undersigned, am financially responsible for payment of all medical services received at this office. I take responsibility for submitting any claims to my insurance provider should coverage apply for direct reimbursement. However, I authorize the provider, Noha Ghaly, to release any information to my insurance provider should additional information be required to process my claim. I also know that any scheduled appointments are my responsibility and I will give at least 24 hours prior notice for cancellation. Otherwise, I will pay the fees associated with any missed appointments.

ASSIGNMENT OF BENEFITS FOR INSURANCE: I authorize payment of benefits to be made directly to this healthcare provider and I understand I am responsible for charges not covered by my policy. I authorize the release of any information requested to process this claim.

SIGNATURE OF PATIENT DATE

[www.integrativemedicineithaca.com](http://www.integrativemedicineithaca.com/)