** Malou Acupuncture**

**Counselling & Psychotherapy**

**VHI, LAYA, IRISH LIFE, GLO, HSF cover for professional treatments**

 **Acupuncturist-Dip. Acu (Shanghai), Lic.Acu Member of A.F.P.A**

**Member of Irish Association of Counselling and Psychotherapy. MIACP**

**Client Information ( Strictly Confidential )**

**FIRST NAME SURNAME**

**DATE OF BIRTH SEX MARITAL STATUS**

**HOME ADDRESS**

**HOME TEL MOBILE**

**EMAIL ADDRESS OCCUPATION**

**G.P INFORMATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MAJOR COMPLAINT/HEALTH PROBLEM**

**HAVE YOU EVER RECEIVED TREATMENT FOR THIS CONDITION? YES NO**

**IF YES, WHEN? WHERE?**

**WHAT WAS THE DIAGNOSIS?**

**WHAT KIND OF TREATMENT?**

**WHAT WAS THE RESULTS OF THE TREATMENT?**

**LIST ANY SUBSTANCES THAT YOU ARE ALLERGIC TO**

**LIST ANY MEDICATIONS THAT YOU ARE CURRENTLY TAKING**

**LIST ANY MAJOR SURGERIES YOU HAVE HAD**

**SIGNIFICANT TRAUMA ( AUTO ACCIDENTS, FALLS, ETC. )**

**OTHER: I AM / AM NOT PREGNANT**

**HOW DO YOU HEAR ABOUT ME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNIFICANT ILLNESSES ( PLEASE CHECK ALL THAT APPLY )**

|  |  |  |
| --- | --- | --- |
| Arthritis | Diabetes | High Blood Pressure |
| Asthma | Epilepsy | Hypoglycemia |
| Autoimmune Disease | Gallstones | Kidney Stones |
| AIDS | Heart Disease | Rheumatic Fever |
| Cancer | Hepatitis | Seizures |
| Connective Tissue Disease | High Cholesterol | Thyroid Disease |

**PLEASE CHECK ANY SYMPTOMS YOU CURRENTLY HAVE OR HAVE HAD IN THE PAST YEAR:**

|  |
| --- |
| **General** |
| Chills | Fevers | Sweat spontaneously | Aversion to heat |
| Low energy | Excess thirst | Night sweating | Aversion to cold |
| Dizziness | Insomnia | Lack of sweating |  |
| Allergies | Nervousness | Weight loss |  |
| Fatigue | Numbness | Weight gain |  |

|  |
| --- |
| **Cardiovascular** |
| Chest pain | Irregular heart beat | Varicose veins |
| High blood pressure | Poor circulation | Hypochondriac pain |
| Low blood pressure | Swelling of ankles | Distention in chest or hypochondrium |
| **Head & Neck** |
| Blurred vision | Ear discharge | Hoarsensess | Sores on tongue |
| Headaches | Eye pain/strain | Nosebleeds | Taste change |
| Heaviness in the head | Corrected vision | Recurrent sore throat | Teeth problems |
| Phlegm in throat | Nasal obstruction | Red/inflamed eye | Vision - see halos |
| Cataract 白内障 | Nasal discharge | Ringing in ears |  |
| Double vision | Loss of sense smell | Sinus problems |  |
| Earache | Hearing loss | Sores on lips |  |

|  |
| --- |
| **Respiratory** |
| Asthma | Coughing blood | Phlegm production |
| Hay fever | Shortness of breath | Difficulty inhaling |
| Persistent cough | Recurrent brochitis | Difficulty exhaling |

|  |
| --- |
| **Gastrointestinal** |
| Abdominal pain | Diarrhea/loose stools | Heartburn/Reflux | Vomiting |
| Bloating | Bloody stools | Hemorrhoids | Vomiting blood |
| Belching | Black stools | Indigestion |  |
| Gas | Difficulty swallowing | Stomachache |  |
| Constipation | Poor appetite | Nausea |  |

|  |
| --- |
| **Diet/ Lifestyle** |
| Vegetarian | Smoke cigarettes | Eat a lot of sweets | Exercise excessively |
| Healthy diet | Drink alcohol | Take melatonin |  |
| Eat much fried foods | Drink coffee | Take steroids |  |
| Eat much meat | Use drugs | Exercise regularly |  |

|  |
| --- |
| **Weight** |
| Underweight | Normal for height | Overweight | Very overweight |

|  |
| --- |
| **Genitourinary** |
| Dilute urine | Cloudy urine | Profuse urine | Urgency to urinate |
| Dark urine | Burning urination | Frequent urination |  |
| Blood in urine | Scanty urine | Poor bladder control |  |

|  |
| --- |
| **Musculoskeletal pain, weakness, numbness in:** |
| Arms  | Legs  | Pain all over  | All over weakness |
| Feet  | Hips  | Cold limbs | Lack of strength |
| Hands  | Neck  | Knee problems | Broken bones |
| Joints  | Shoulders  | Low back pain |  |

|  |
| --- |
| **Skin**  |
| Thick skin | Bruise easily | Lumps in groin | Brittle nails |
| Thin skin | Discoloration  | Lumps underarm | Premature gray hair |
| Broken blood vessels | Dark circles around eyes | Dry skin | Dry, brittle hair |
| Blood not clotting | Bags under eyes | Acne  | Hair falling out |

|  |
| --- |
| **Neurologic**  |
| Fainting  | Paralysis  | Tremor  | Vertigo  |
| Convulsions  | Stroke  | Recent clumsiness |  |
| Handwriting change | Seizures  | Drowsiness  |  |

|  |
| --- |
| **Emotional**  |
| Insomnia  | Troubling dreams | Forgetful  | Much fear |
| Irritability  | Cry uncontrollably | Mind not clear | Unrestrained joy |
| Often feel angry | Feel sad a lot | Anxiety | Terrors  |

|  |
| --- |
| **Men only**  |
| Genital pain | Genital sores | Penis discharge | Low sexual energy |
| Impotence  | Lump in testicles | Nocturnal emission  |  |

|  |
| --- |
| **Women only**  |
| Abnormal pap smear | > 35 days cycle | Contraceptives  | Uterine prolapse |
| Bleed between periods | Premenstrual tension | Sores on genitalia | Facial hair |
| Irregular periods | Endometriosis | Low sexual energy | Loss of head hair |
| Heavy periods | Painful periods | Vaginal discharges |  |
| < 25 days cycle | Breast lumps | Menopausal  |  |

**Please also answer below questions that are related to the Government Covid-19 regulation,**

1. **Have you contact anyone who is Covid-19 positive in the past 2 weeks?**
2. **Have you travel outside of Ireland in the past 2 weeks?**
3. **Are you Covid-19 positive or were you?**
* **Declaration:**

|  |
| --- |
| **I understand that Malou Wang (王晓春) administer Acupuncture & Traditional Chinese Medicine treatment to the highest possible professional standard. I also understand that acupuncture, tuina & cupping may possibly leave redness and/ or bruise on my skin which will disappear between an hour and a week from the time of treatment. And I also understand that moxibustion might have some unexpected side effects that might lead to burn or blistering.** **I agree to take such treatment as proposed by Malou Wang (Xiaochun Wang) Chinese Medicine TCM practitioner.*** **There is 48 hours late cancellation fee charges which it is €30.**

**Signature: Date:**  |

* **General Data Protection Regulation:**

|  |
| --- |
| **Malou Acupuncture fully respects your right to privacy, and will not retain or process any personal information about you without your clear permission and with you understanding our justification for same. Any personal information which you volunteer to us will be treated with the highest standards of security and confidentiality, strictly in accordance with the Data Protection Acts, 1988, 2003 (including amendments in 2018).****Personal data will only be kept for a period that is absolutely necessary in fulfilling the identified purpose and will be deleted thereafter. There will be no personal information kept onsite. The storage of personal data will be kept on the offsite storage and will be password protected.** **Malou Acupuncture only collects no more data than is necessary from an individual for the treatment purpose for which it will be used; obtain personal data fairly from the individual by giving them notice of the collection and its specific purpose; retain the data for no longer than is necessary for that specified purpose; to keep data safe and secure; and provide an individual with a copy of his or her personal data if they request it.****Signature: Date:**  |