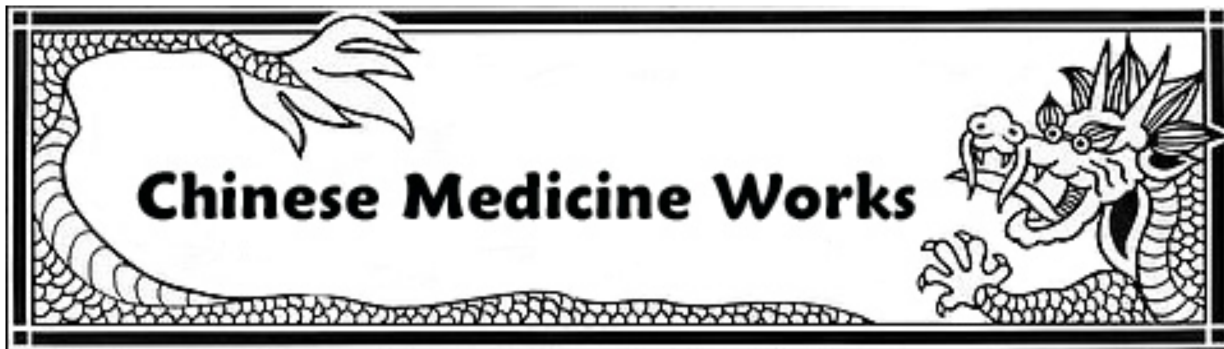

1201 Noe Street (@ the corner of 25th Street), San Francisco, CA 94114

www.chinesemedicineworks.com **415.285.0931**

Services and Intention

Chinese Medicine Works provides acupuncture and herbal remedies, along with counseling in nutrition and self-care, in a friendly environment. We expect to assist your body and you in a healing process. Welcome.

We Request
Please spend the time to fill out the Patient Information and Self-Assessment Health Profile forms, bringing them with you to your appointment. We know you are busy, but this information will assist us in serving you.

Fees and Schedule
The first appointment costs $195.00. Follow-up visits are $110.00 and last about 1 hour. Fees may be paid with cash, check, debit or credit card. We make every attempt to begin treatments on time and hope that you will too. Please leave sufficient time for travel and parking.

Cancellation Policy
We have reserved time and space just for you. If you wish to cancel your appointment, we require at least 48 business hours advance notification, or by 5:00 PM on Thursday for a Monday appointment. Late cancellations or missed appointments will be billed in full to your account.

Let Us Know
We want to know how to best meet your needs. Please inform us of any special considerations. We look forward to your visit and will do our best to be of service.

Chinese Medicine Works

1201 Noe Street, San Francisco, CA 94114
www.chinesemedicineworks.com
phone: 415.285.0931

Personal Information

Name:			Date:	
Address:		city	state	zip
Phone (home)	(work)	(cell)	Email:	
Preferred contact phone for appointment messages:				
Birth Date:	Age:	Birth Place:	Referred by:	
Status: [ ] single [ ] domestic partner [ ] married [ ] divorced [ ] widowed [ ] other				
No. of Children:			Ages:	
Occupation:		Primary Provider or Physician:		
Prior acupuncture treatment [ ] If yes, for what reason:				

Describe complaints and concerns:

Health & Family History (childhood to present, including illness, injury, surgery, medications):

Aches and pains:

Indigestion: [ ] gas [ ] bloating [ ] reflux [ ] constipation [ ] diarrhea [ ] other
Environmental Stressors: [ ] hot [ ] cold [ ] humid [ ] dry [ ] windy [ ] pressure change
Chronic Infections: [ ] Candida [ ] Herpes [ ] EBV [ ] HPV [ ] HCV [ ] HIV [ ] Other
Allergies: [ ] dust [ ] pollen [ ] mold [ ] cats/dogs [ ] wheat [ ] dairy [ ] peanuts [ ] soy
[ ] medications (specify): other:
List medications, vitamins, supplements, including dosage:
Typical Diet (cooked/raw):
Breakfast:
Lunch:
Dinner:
Snacks:
Beverages (cold/hot):
Women:
[ ] PMS [ ] irregular cycle [ ] peri-menopausal [ ] menopausal [ ] hot flashes
No. of pregnancies: miscarriages: abortions: [ ] infertility [ ] abnormal pap [ ] Other
Men:
[ ] prostate problems [ ] urinary disorders [ ] erectile dysfunction [ ] infertility [ ] Other

Additional information:

I understand that appointments not cancelled at least 48 business hours in advance, or by 5 PM on Thursday for a Monday appointment, will be billed to my account.

Signature: ______________________ Date: ______________________

For Provider Use:

Acupuncture Treatment Herbs & Supplements