

# New Patient Intake Form

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Name:..... Date:.....

Date of Birth:..... Marital Status:..... Gender:.....

Address:..... Postcode:.....

Mobile Ph:..... Email:..... Occupation:.....

Emergency contact name and phone number:.....

Referred by:..... Reason for visit today:.....

How long have you had the condition?:..... Have you had acupuncture before? yes no Have you had Chinese herbal medicine before? yes no

Is it getting worse?:..... Does it affect your sleep, work or other (please state .....

What seemed to be the initial cause? .....

What seems to make it better? .....

What seems to make it worse? .....

Are you under the care of a medical physician at the moment? yes no If yes, for what? .....

Physicians name: ..... Medical benefits fund: .....

Other concurrent therapies? .....

Would you like to subscribe to the Kura newsletter? yes no

How did you hear about us? internet search word of mouth (who? .....)  
facebook twitter other .....

The modalities offered at Kura Chinese Medicine have a long history of safe practice, however there are always some risks associated with any sort of treatment. This practice may use any of the following therapies in your care:

- acupuncture
- massage
- heat therapy
- Ch. herbal medicine
- cupping
- dermal hammer
- dietary advice
- other (to be listed by practitioner) .....

Please tell your practitioner if you do not want a particular type of therapy. Following is a list of potential risks associated with the therapies offered at the clinic. The best way to reduce the chance of a risk occurring is to answer all questions about your health fully and honestly. We will explain all treatments to you before we commence them but you must ask if you require further explanation or have specific questions.

## possible risk

*Pain*

## Therapy

- Acupuncture,
- Dermal hammer
- Massage,
- Cupping,
- Electro-Acupuncture,
- Guasha,

## Strategies to minimise the possible risk

Tell your practitioner if you are sensitive to stimulation, and if you become uncomfortable or experience pain during the treatment.

<i>Bruising</i>	<ul style="list-style-type: none"> <li>• Acupuncture,</li> <li>• Dermal hammer</li> <li>• Massage,</li> <li>• Cupping,</li> <li>• Electro-Acupuncture,</li> <li>• Guasha.</li> </ul>	Tell us if you bruise easily or have a bleeding disorder. Cupping typically leaves bruises which are usually painless and can last over a week. It is important to tell us if bruises in the area being cupped are cosmetically unacceptable.
<i>Infection</i>	<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Massage</li> <li>• Cupping</li> <li>• Dermal hammer</li> </ul>	It is possible to develop an infection whenever the skin is punctured so tell us if you have a known immune problem so we can take special precautions. Some medications can affect your skin and immune system so we need to know which medications you are taking. We only use pre-sterilised single-use disposable acupuncture pins in this clinic.
<i>Burn</i>	<ul style="list-style-type: none"> <li>• Moxibustion</li> <li>• Heat lamp</li> <li>• Laser therapy</li> </ul>	Please advise your practitioner if you have sensitive skin, and tell your practitioner if the heat is uncomfortable.
<i>Smoke irritation</i>	<ul style="list-style-type: none"> <li>• Moxibustion</li> </ul>	Please advise your practitioner if you have any medical condition affecting your respiratory system such as asthma.
<i>Relaxed or Sleepy</i>	<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Massage</li> <li>• Moxibustion</li> </ul>	It is common to feel relaxed or sleepy after treatment so avoid getting up quickly from the treatment table and give yourself time to adjust after treatment before driving or using stairs. Avoid driving immediately after the treatment if you feel sleepy.
<i>Drug herb interactions</i>	<ul style="list-style-type: none"> <li>• Herbal medicine</li> </ul>	it is important to tell us about all medications and herbal or nutritional products that you are currently taking or recently stopped.
<i>Fainting</i>	<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Massage</li> </ul>	Do not skip a meal before treatment. Get up slowly after the treatment.
<i>Aggravation of your condition</i>	<ul style="list-style-type: none"> <li>• Any therapy</li> </ul>	It is possible that your condition could be aggravated. This is uncommon but it can occur.

Please be aware that the above information is required in order for this practice to provide you with appropriate health care services and failure to answer all questions will affect our ability to deliver these services to you.

**Acknowledgement of advice.** *(to be completed by the person responsible/guardian)*

Dr ..... and I have discussed .....’s present condition and the various ways in which it might be treated, including the below procedure or treatment:

The doctor has told me that:

- the procedure/treatment carries some risks and that complications may occur;
  - the procedure/treatment may not give the expected result even though the procedure/treatment is carried out with c
- I understand the nature of the treatment and that undergoing the treatment carries risks.  
I have had the opportunity to ask questions and I am satisfied with the explanation and the answers to my questions  
I understand that I may withdraw my consent.  
I request and consent to the treatment described below for me.

I understand that my appointment time is specially reserved for me and a \$20 administration fee will apply for change or cancellation of appointment with less than 24 hours notice. Less than 3 hours will incur the full fee.

...../...../20.....  
Signature of person responsible/guardian Date Print name of person responsible/guardian