



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	Hoarseness	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 bronchitis	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: