

Liz Jeannet Acupuncture @ The Olney Treatment Rooms

Osborns Court, Olney, MK46 4LA. www.olneytreatmentrooms.com www.lizjeannet.com 07764 604998

Registration Form – Private & Confidential

Patient Details

Name	GP's Name
Address	GP's Address
Postcode	GP's Phone No
Home Phone No	If we need to contact your doctor do you prefer this to be your GP or specialist - give details if not as above
Work Phone No	
Mobile Phone No	
email	
Date of birth:	
Occupation:	Are you receiving any other therapies - give details
How did you hear about us?	

Reason for your visit

1. Presenting Condition	Duration
2. Presenting Condition	Duration
3. Presenting Condition	Duration

Medical History

Date	(please include illness/surgery/accidents/hospital admissions/seizures/fainting/bleeding disorders)
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Investigations in last 3 years

Blood tests X-rays Ultrasound MRI Other - give details	When and why did you last see your doctor
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Family health history

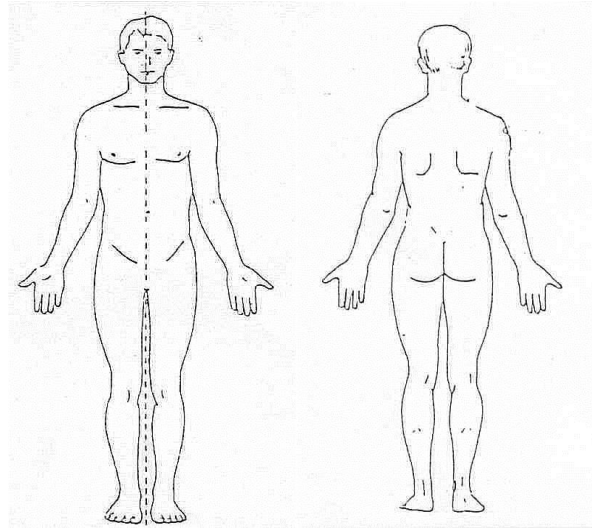
Mother Mother's parents Father Father's parents Siblings	Illness and age of onset
Are there any disease traits (e.g. arthritis, cancer, heart disease, epilepsy, diabetes) in your family?	

General

Weight
Height
Allergies
For women, date of last menstrual period

Alcohol
Tobacco
Recreational drugs
Do you have a pacemaker or other electrical implant

Pain and Symptom Map



Please mark areas of

- Pain
- Numbness
- Tingling
- Pins and needles
- Other symptoms – give details

Symptom checklist – please tick if you've had in last 3 months

Pain
Fatigue
Weight loss/gain
Anxiety/depression
Sleep difficulties
Fever/night sweats
Swollen glands
Visual problems
Hearing difficulties
Bleeding gums, Mouth ulcers

Headaches
Shortness of breath
Palpitations
Cough
Digestive problems
Nausea or vomiting
Diarrhoea or constipation
Urinary tract symptoms
Skin rashes
Lumps or unexplained bleeding

Medication - please give name and dosage

Prescription medication

Over-the-counter medication & supplements

What is your priority in terms of treatment today?