Acupuncture Health Network
3121 Wilmington Rd
New Castle, PA 16105

Office Procedure & Patient Introduction

(Please read carefully before completing)

This clinic specializes in acupuncture care. We ask you to fill this form out for either consultation or examination purposes. Examinations are done routinely to determine the nature and extent of the problem. The acupuncturist will explain the level of examination necessary for your type of condition.

Date________________

First Name______________________ Middle__________________ Last Name ________________________

Date of Birth ___________________ Age ____________ Email ____

Home Phone ( )__________________ Work ( )___________________ Cell ( )____________________

Address ____________________________________ City ______________________ State _____ Zip_________

Employment Status: ☐ Employed ☐ Full-time Student ☐ Part-time Student ☐ N/A

Occupation_______________________________ Employer ____

Emergency Contact _______________________ Relationship _______________ Phone ( )_______________

Primary Care Physician ____ Phone ( )________________

MD Diagnosis ____

Sex: ☐ Male ☐ Female ☐ Other_________ Marital Status: ☐ Single ☐ Married ☐ Other ________________

Spouse (if applicable): ________________________ Phone ( )_________________

How did you hear about us? _________________________ Person responsible for payment_______________

Current/past medications: (as well as supplements/herbs)

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Any known allergies ____

Insurance Company ____

Insurance Policy Number __________________________ Circle: Group Individual

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What type of service do you desire?

- ☐ Temporary relief of symptoms
- ☐ Eradication of tendencies causing condition
- ☐ Balanced optimum health care- elimination of root cause, if possible
- ☐ Maintenance care – regular balancing “tune ups” to keep in good health

How would you classify your condition?

- ☐ Minor
- ☐ Involved
- ☐ Fairly severe and progressively worsening
- ☐ Serious

Important:

Occasionally, some people experience minor bleeding, or a tiny bruise from gently piercing the skin. This does not adversely affect your health. On the contrary, it can promote healing.

Patient Initials_______ Date_______

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Education

EngKeat attended the New England School of Acupuncture (NESA), in Boston, MA, where he earned a Master's Degree in Chinese and Japanese Acupuncture. He also received a Master's Degree in Psychology, from Boston University. He is also a diplomate of the China Academy of Traditional Chinese Medicine in Beijing, China. EngKeat was awarded a Swain Sports Medicine Fellowship, and performed acupuncture on the Boston University Men's and Women's Crew Team.

Health Compliance

EngKeat Teh complies with the rules and regulations promulgated by the Department of Health, in respect to the sanitation of this acupuncture office. EngKeat uses only one-time, single use needles in his practice.

Regulation

- You, as a patient, are entitled to receive information about the methods of therapy, the techniques used, and the duration of therapy, if known.
- You, as a patient, may seek a second opinion from another health care professional or may terminate therapy, at any time.
- In a professional relationship, sexual intimacy is never appropriate and should be reported to the Director of the Division of Registrations, in the Department of Regulatory Agencies.

Adjunctive Therapies

EngKeat Teh, as a graduate of NESA, has had formal training in the application and recommendation of adjunctive therapies, as defined by the traditional Oriental medical concept. EngKeat is licensed by the State of Pennsylvania.