

Disclosure

This disclosure is in compliance with the state of Colorado, Dept. of Regulatory Agencies, and Senate Bill - 9. All rules and regulations set forth by the Dept. Of Health are strictly adhered to by this clinic, including proper cleaning and sterilization of equipment and office environment.

The practice of acupuncture is regulated by the Dept. of Regulatory Agencies. Any complaints should be directed to the investigation office of the Division of Registration in the Dept. of Regulatory Agencies at 1560 Broadway, Suite 1300, Denver, CO 80202. Telephone: (303) 894-7690.

Patient is entitled to receive information about the methods of therapy, techniques used, and the duration of the therapy, if known. Patient is encouraged to seek a second opinion and may terminate the therapy at any time.

Practitioner:	Jianshu Cheng
Academic Degree:	Bachelor of Medicine (in P. R. China)
Address:	869 S. Logan St., Denver, CO 80209
Telephone:	(303) 722-1008
Certification:	National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM)
Colo. License Number:	217

Fee Schedule:

Initial Consultation (in-person or virtual) & Treatment*	\$ 200.00
On-going Acupuncture Consultation & Treatment*	\$100.00
On-going virtual visit*	\$100.00
On-going Herbal Consultation*	\$95.00
Missed Appointment**	\$95.00

* The cost of herbs is separate from your treatment if herbs are prescribed. The price is subject to change without prior notice.

** A 24 hour cancellation is greatly appreciated if you are not able to keep your appointment.

Education and Working Experiences:

09/91 - Present: In private practice and teaching at the Colorado School of Traditional Chinese Medicine
07/85 - 09/91: Practicing at the teaching hospital of Southwest Medical University, Sichuan, P. R. China
09/80 - 07/85: Studying in Chengdu University of Traditional Chinese Medicine, Sichuan, P. R. China

Acknowledgement of Notice of Privacy Practices:

I have been presented with a copy of the Notice of Privacy Practices for the office of Jianshu Cheng, L.Ac., detailing how my information may be used and disclosed as permitted under federal and state law.

I've read the above information, signed _____ date _____

Patient Intake Form

Name _____ **Sex** _____ **Date of Birth** _____
Occupation _____ **Height** _____ **Weight** _____
Marital Status _____ **Address** _____
City _____ **State** _____ **Zip** _____
Telephone(W) _____ **(H)** _____
Referred By _____
In Case of Emergencies, Contact _____
Telephone _____ **Relationship** _____

Acupuncture and Chinese medicine have been explained to me as a treatment consisting of inserting needles through the skin at specific points and the use of Chinese herbs. The purpose of acupuncture and Chinese medicine has been explained as alleviation or cure of some symptoms and diseases. I understand that the complications or side effects may happen during the treatment, such as nausea, allergies or aggravation of some symptoms.
 Cheng's Oriental Medical Clinic, Inc. accepts auto accident insurance and Workers' Compensation insurance, and some private insurance. Do not hesitate to ask if you have any questions.

I have read the above information, signed _____ date _____

Current Chief Complaints: _____

Major Surgeries: _____
Major Trauma: _____
Drugs Currently Taking: _____

Please circle Y or N for the questionnaires below. **Y = Yes** **N = No**

Life Style and Diet:

Y N regular exercise **Y N** regular bedtime **Y N** smoking **Y N** alcohol
Y N coffee **Y N** milk / dairy products **Y N** hot and spicy foods
Cravings _____

General:

Y N normal appetite **Y N** good sleep **Y N** good energy **Y N** feeling thirsty often
Y N sweat easily **Y N** night sweats **Y N** hot flushes **Y N** tending to feel warm
Y N cold limbs **Y N** overweight **Y N** underweight **Y N** HIV positive

Respiratory System:

Y N coughs **Y N** phlegm / sputum **Y N** tight chest **Y N** shortness of breath
Y N wheezing **Y N** difficult breathing **Y N** asthma
Respiratory diseases diagnosed by MD: _____

Cardiovascular System:

Y N high blood pressure **Y N** palpitation **Y N** chest pain **Y N** irregular heart beats
Y N high cholesterol / triglyceride
Cardiovascular diseases diagnosed by MD: _____

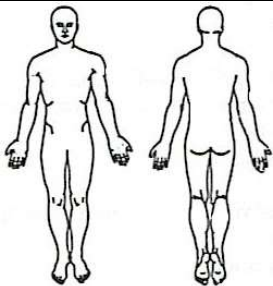
Gastrointestinal System:

Y N nausea **Y N** vomiting **Y N** belching **Y N** stomachache **Y N** heart burn
Y N bloating **Y N** foul breathing **Y N** tongue sores **Y N** acid regurgitation
Y N diarrhea **Y N** hemorrhoid **Y N** constipation **Y N** regular laxative use
Gastrointestinal diseases diagnosed by MD: _____

Urinary System:

Y N frequent urination **Y N** night urination **Y N** urinary incontinence
Y N painful urination **Y N** bloody urination **Y N** burning urination
Urinary diseases diagnosed by MD: _____

Muscular-skeletal System:



Please mark the proximate location(s) of any pain on the diagram at the right.
Use the pain scale below to indicate your pain severity:

0 1 2 3 4 5 6 7 8 9 10

Least →

→ Most

Neurological & Endocrine System:

Y N numbness **Y N** dizziness **Y N** migraine **Y N** seizure
Y N depression **Y N** tremor **Y N** diabetes **Y N** thyroid disorders
Neurological & endocrine diseases diagnosed by MD: _____

Skin & Hair:

Y N dry skin & hair **Y N** itchy skin **Y N** skin rashes **Y N** eczema **Y N** hair loss
Skin diseases diagnosed by MD: _____

Sensory Organs:

Y N eye irritation **Y N** night blindness **Y N** color blindness **Y N** spots in vision
Y N poor hearing **Y N** ear ringing **Y N** ear congestion **Y N** nasal congestion
Y N running nose **Y N** sore throat **Y N** dry mouth & throat **Y N** swollen gum

Male Patient Only:

Y N impotence **Y N** male infertility **Y N** prostate disorder **Y N** premature ejaculation
Sex drive: increased decreased

Female Patient Only:

Y N irregular periods **Y N** PMS **Y N** painful menstruation **Y N** clotty menstruation
Y N dark menstrual flow **Y N** spotting **Y N** breast tenderness **Y N** vaginal yeast infection
Age of first period ____ Date of last period ____ Date of next period ____ Number of child births ____
Number of miscarriages ____ Birth control type ____ Sex drive: increased decreased
OB-GYN diseases diagnosed by MD: _____

Other Issues Needs to Discuss:

**Congratulations! You've finished one of the most thorough traditional Chinese medicine intake questions.
Please stop here.**

Tongue Picture:

Pulse (L):

(R):

Summary: _____

Diagnosis: _____

Acupuncture:

Chinese Herbs: