

# Registration Form

## Details of the Patient or Guardian/Trustee

Name

Lastname

Address

Post Code

Mobile

Email

Occupation

Age

I am the  Patient  Guradian/Trustee (add below):

Relation to Patient

Patient's Name

Patient's Lastname

Patient's Age

## Patient's Condition

What is your complaint?

Do you have pain?  No  Yes (some times/comes and goes)  Yes (always/constantly)

Did you receive any treatment for this complaint before?  No  Yes

If you did receive treatments please tell us which ones

Are you taking any medication (drugs, herbs, homeopathic remedies, etc) for this complaint?  No  Yes

If you are, please tell us breifly which ones

Do you have: Stress  Yes  No PMS/PMT  Yes  No Asthma  Yes  No Regular insomnia  Yes  No  
Eczema  Yes  No Diabetes  Yes  No Angina  Yes  No Allergic reactions  Yes  No

Are you diagnosed with any medical condition? If so, please provide details

If you also suffer from any of the conditions listed below or any of the listed topics concern your situation, please tick the box.

Recent operation | An untreated medical condition | Severe bone or joint disorders (Rheumatoid/Osteo arthritis, osteoporosis) | Cardiovascular disorders (high blood pressure, heart / circulatory desease, thrombosis) | Endocrine disorders | Epilepsy | Drug addiction or recent use of recreational and/or prescribed drugs and or exessive alcohol consumption | Medication Pregnancy (or post natal within the last 6 months) | Severe skin disorders | Severe mental illness | Spinal injuries | Prone to fainting | If you suffer from infectious deseases like hepatitis B or HIV | You must also have eaten within 2 hours prior to treatment (please inform practitioner if you haven't).  
Is there anything else we should know about your health? If so, please give details

Although you may be accompanied by another person, you may choose to have your examination, assessment and (if appropriate) your treatment in complete privacy. Do you agree to continue with our assessment and appraisal of your presented condition(s) and general health and mobility?

If so, please read the 'Terms & Conditions' on the section overleaf and complete the form below

I  (please print Name and Lastname of 'Patient' or 'Guardian/Trustee') have read and agree to the Terms & Conditions and thereby I authorise Andrea Martini, the practitioner of Japanese Acupuncture and Traditional Physical Medicine to perform his treatment for my condition(s), for today and inclusive of all future treatments.

**Submit**