

KOSA Acupuncture

Patient Registration

531 E A St. Ste 100B, Jenks, OK 74037

Tel: (918) 995-1100

Patient Parent Guardian

Last Name: [redacted] First Name: [redacted] MI: [redacted]

Date of Birth: [redacted] 1968 (mm/dd/yyyy) Gender: M F

Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Marital Status: Single Married Divorced Widowed Partner

Home Phone: [redacted] Cell Phone: [redacted] Work Phone: [redacted]

Email: [redacted] Height: 5'4 Weight: 120 lbs.

Children (Age & Gender): [redacted]

Primary Physician: [redacted] Phone: [redacted] Referred by: [redacted]

Emergency Contact: [redacted] Phone: [redacted] Relationship: [redacted]

Health conditions related to work or auto accident? Y N If so, Date of Loss: [redacted] (mm/dd/yyyy)

I. Goals: What would you like to address through treatment?

Pain in back, right shoulder, right arm, and neuropathy on right side of body.

I would like to be able to empty my bladder and walk again.

II. Medications / Supplements

Medications you are currently taking (please include prescription medicine, supplement, herbal supplements and over the counter medicines you take on a regular basis, along with dosages and brands if known)

<u>Armour Thyroid</u>	<u>Hormone Balance</u>	<u>Magnesium Citrate</u>
<u>Fermented HM-ND</u>	<u>Methyl-B Complex</u>	<u>Gentle Iron 25 mg</u>
<u>Fermented Gallbladder-ND</u>	<u>Mighty Muscadine</u>	<u>Cellcore IFC</u>
<u>NZ Fulvic</u>	<u>Para 1</u>	<u>MicroBiome-18</u>
<u>Para 3</u>	<u>LymphActiv</u>	<u>Vit. D3 K2</u>
<u>Ultimate bladder health</u>	<u>Premier NAC</u>	<u>Serra Kinase</u>

Allergies (to medications, chemicals or foods): Codeine

III. Lifestyle

1. What is your occupation? Disable How many hours do you work weekly? 0

2. How many servings per day do you use of the following?
Coffee 0 Tea 1 Soft drinks 0 Alcohol 0 Water 60oz Cigarettes, cigars, or other tobacco 0

3. Do you have a known history of any exposure to toxic substances? Yes No

4. Please describe your current exercise regimen: Hours per week: 0 Activities: _____
5. How many hours of sleep do you usually get per night? 7
 Do you awake feeling rested? Yes No Do you sleep soundly? Yes No
 Do you get up at night to urinate? Yes No If so, how often? 3
6. Frequency of bowel movement: 1 per day or 7 per week
 What is the color of stool? brown

For Women:

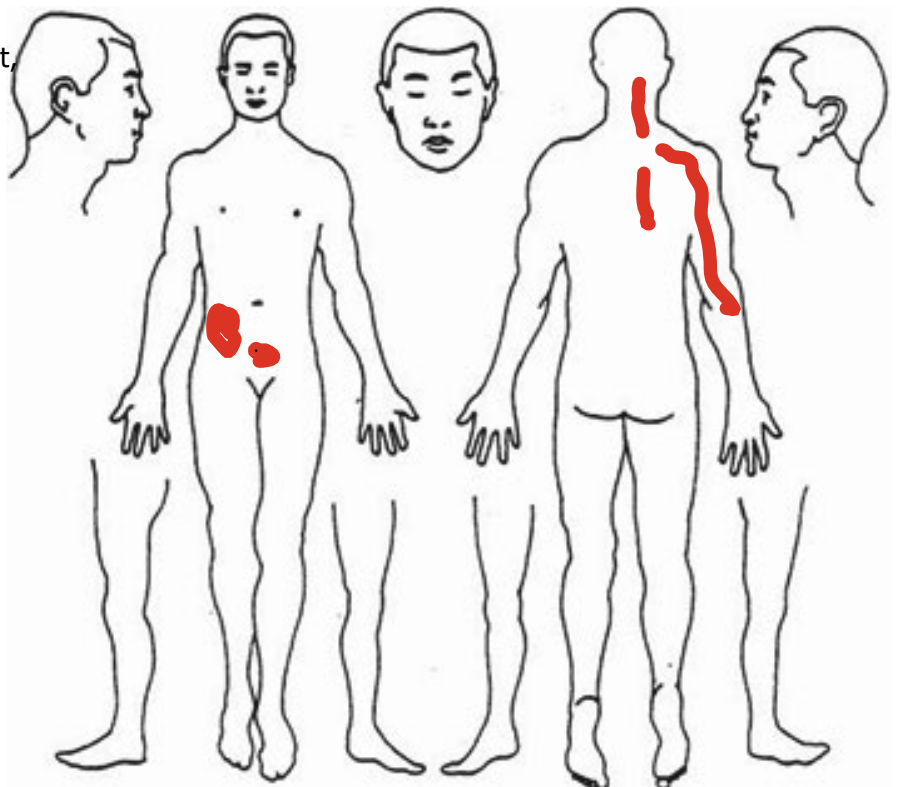
1. Age: First period 12 Menopause: Yes No
 a) Average number of days of flow: _____ days The flow is: Normal Heavy Light
 c) The color is: Normal Dark Purple Light Brown Brown
 d) Time between periods: _____ Days
2. Are you pregnant now? Yes No Unsure
3. Indicate number of occurrences: Live Births 3 Pregnancies 3
4. Dates: Last Pap Smear 01/24/25 (dd/mm/yyyy) Last Mammogram 0 (dd/mm/yyyy)

For Men:

- Do you have any bothersome urinary, genital, or sexual symptoms? Yes No
 If yes, please describe: _____

IV. Pain

If you are experiencing pain/discomfort, using the models to the right, please indicate the location of the discomfort by using the below symbols that best describes the feeling.



- A** Aching
- B** Burning
- C** Cramps
- D** Dull
- E** Effusion (Swelling)
- N** Numbness
- S1** Sharpness
- S2** Shooting
- S3** Sprain
- S4** Stiffness
- S5** Strain
- T1** Tingling
- T2** Throbbing
- O** Other

Please describe pains in the order of the severity. **Top priority first, please.** For example, Headache, Neck, Shoulder, Arm, Elbow, Wrist, Hand, Finger, Upper Back, Lower Back, Sciatica, Abdominal, Hip/pelvis, Thigh, Knee, Calf, Foot, Ankle, Toe and etc.

A Upper back -A right shoulder -B right arm -D back of head and neck -S1 Liver area - N right arm

V. HEALTH: Please check all that apply, left for past right for current

Head (Face and Eyes)		Thoracic Spine		Wrist and Hand	
<input checked="" type="checkbox"/>	R51 Headache	<input type="checkbox"/>	M54.6 Pain in thoracic spine	<input checked="" type="checkbox"/>	M79.641 Pain in right hand
<input type="checkbox"/>	G43.111 Migraine with aura	<input type="checkbox"/>	M20-M25 Pain in unspecified joint (spine, thoracic)	<input type="checkbox"/>	M79.642 Pain in left hand
<input type="checkbox"/>	G43.011 Migraine without aura	<input type="checkbox"/>	M47.814 Thoracic spondylosis without myelopathy	<input type="checkbox"/>	M79.644 Pain in right finger(s)
<input type="checkbox"/>	G43.711 Chronic migraine without aura	<input type="checkbox"/>	S29.012A Strain of muscle and tendon of back wall of thorax initial encounter	<input type="checkbox"/>	M79.645 Pain in left fingers(s)
<input type="checkbox"/>	G43.911 Migraine, unspecified	<input type="checkbox"/>		<input type="checkbox"/>	M70.11 Bursitis right hand
<input type="checkbox"/>	J34.89 Other disease of nasal cavity and sinuses (pain)	<input type="checkbox"/>		<input type="checkbox"/>	M70.12 Bursitis left hand
<input type="checkbox"/>	H92.09 Otagia, unspecified ear (ear pain)	Lower Back (lumbosacral)		<input checked="" type="checkbox"/>	M25.631 Stiffness of right wrist, not elsewhere classified
<input type="checkbox"/>	R68.84 Jaw pain	<input type="checkbox"/>	M54.5 Low back pain (lumbago)	<input type="checkbox"/>	M25.632 Stiffness of left wrist, not elsewhere classified
<input type="checkbox"/>	Z98.89 Other specified postprocedural states (dental with pain)	<input type="checkbox"/>	M54.41 Lumbago with sciatica, right side	Knee and Thigh	
<input type="checkbox"/>		<input type="checkbox"/>	M54.42 Lumbago with sciatica, left side	<input type="checkbox"/>	M25.561 Pain in right knee
<input checked="" type="checkbox"/>	Neck	<input type="checkbox"/>	M54.31 Sciatica, right side	<input type="checkbox"/>	M25.562 Pain in left knee
<input checked="" type="checkbox"/>	M54.2 Cervicalgia (Neck pain)	<input type="checkbox"/>	M54.32 Sciatica, left side	<input checked="" type="checkbox"/>	M79.651 Pain in right thigh
<input checked="" type="checkbox"/>	M25.50 Pain in unspecified joint (spine, cervical)	<input type="checkbox"/>	M25.50 Pain in unspecified joint (spine, lumbar or lumbosacral)	<input checked="" type="checkbox"/>	M79.652 Pain in left thigh
<input type="checkbox"/>	R07.0 Pain in throat	<input type="checkbox"/>	M54.89 Other dorsalgia	<input type="checkbox"/>	M79.661 Pain in right lower leg
<input type="checkbox"/>	M50.31 Cervical disc degeneration occipito-atlanto-axial region	<input type="checkbox"/>	S33.5XXA Sprain of ligaments of lumbar spine, initial encounter	<input type="checkbox"/>	M79.662 Pain in left lower leg
<input type="checkbox"/>	M50.32 Cervical degeneration mid-cervical	Pelvis		<input type="checkbox"/>	M70.51 Other bursitis of knee, right knee
<input type="checkbox"/>	M50.33 Cervical disc degeneration cervicothoracic region	<input checked="" type="checkbox"/>	M25.551 Pain in right hip	<input type="checkbox"/>	M70.52 Other bursitis of knee, left knee
<input type="checkbox"/>	M47.813 Thoracic spondylosis without myelopathy or radiculopathy cervicothoracic region	<input checked="" type="checkbox"/>	M25.552 Pain in left hip	<input type="checkbox"/>	M25.461 Effusion (swelling), right knee
<input type="checkbox"/>	M47.814 Thoracic spondylosis without myelopathy or radiculopathy thoracic region	<input checked="" type="checkbox"/>	M25.651 Stiffness of right hip, not elsewhere classified	<input type="checkbox"/>	M25.462 Effusion (swelling), left knee
<input type="checkbox"/>		<input checked="" type="checkbox"/>	M25.652 Stiffness of left hip, not elsewhere classified	<input type="checkbox"/>	M25.661 Stiffness of right knee, not elsewhere classified
<input type="checkbox"/>		<input checked="" type="checkbox"/>	M25.451 Effusion (swelling), right hip	<input type="checkbox"/>	M25.662 Stiffness of left knee, not elsewhere classified
<input type="checkbox"/>		<input checked="" type="checkbox"/>	M25.452 Effusion (swelling), Left hip	Ankle and Foot	
<input type="checkbox"/>		<input checked="" type="checkbox"/>	S33.8XXS Sprain of other parts of lumbar spine and pelvis, sequela	<input type="checkbox"/>	M25.579 Pain in unspecified ankle and joints of right foot
<input checked="" type="checkbox"/>	Shoulder	Abdomen		<input type="checkbox"/>	M25.672 Pain in unspecified ankle and joints of left foot
<input type="checkbox"/>	M25.511 Pain in right shoulder	<input checked="" type="checkbox"/>	R10.11 Right upper quadrant pain	<input type="checkbox"/>	M79.671 Pain in right foot
<input type="checkbox"/>	M25.512 Pain in left shoulder	<input checked="" type="checkbox"/>	R10.12 Left upper quadrant pain	<input type="checkbox"/>	M79.672 Pain in left foot
<input type="checkbox"/>	M75.51 Bursitis of right shoulder	<input checked="" type="checkbox"/>	R10.31 Right lower quadrant pain	<input type="checkbox"/>	M79.674 Pain in right toe(s)
<input type="checkbox"/>	M75.52 Bursitis of left shoulder	<input checked="" type="checkbox"/>	R10.32 Left lower quadrant pain	<input type="checkbox"/>	M79.675 Pain in left toe(s)
<input checked="" type="checkbox"/>	M79.601 Pain in right arm	<input checked="" type="checkbox"/>	R10.84 Generalized abdominal pain, Abdominal pain, other specified site (multiple sites)	<input type="checkbox"/>	M25.471 Effusion (swelling), right ankle
<input type="checkbox"/>	M79.602 Pain in left arm	<input checked="" type="checkbox"/>		<input type="checkbox"/>	M25.472 Effusion (swelling), left ankle
<input checked="" type="checkbox"/>	M79.621 Pain in right upper arm	<input checked="" type="checkbox"/>		<input type="checkbox"/>	M25.474 Effusion (swelling), right foot
<input type="checkbox"/>	M79.622 Pain in left upper arm	<input checked="" type="checkbox"/>		<input type="checkbox"/>	M25.475 Effusion (swelling), left foot
<input checked="" type="checkbox"/>	M25.611 Stiffness of right shoulder, not elsewhere classified	Arm and Elbow		<input type="checkbox"/>	M25.671 Stiffness of right ankle, not elsewhere classified
<input type="checkbox"/>	M25.612 Stiffness of left shoulder, not elsewhere classified	<input checked="" type="checkbox"/>	M25.521 Pain in right elbow	<input type="checkbox"/>	M25.672 Stiffness of left ankle, not elsewhere classified
<input type="checkbox"/>	M25.419 Effusion (swelling), unspecified shoulder	<input checked="" type="checkbox"/>	M25.522 Pain in left elbow	<input type="checkbox"/>	
<input type="checkbox"/>	M25.411 Effusion (swelling), right shoulder	<input checked="" type="checkbox"/>	M25.531 Pain in right wrist	<input type="checkbox"/>	
<input type="checkbox"/>	M25.412 Effusion (swelling), left shoulder	<input checked="" type="checkbox"/>	M25.532 Pain in left wrist	<input type="checkbox"/>	
<input type="checkbox"/>	S43.50XA Sprain of unspecified acromioclavicular joint, initial encounter	<input checked="" type="checkbox"/>	M79.631 Pain in right forearm	Pain - Acute and chronic	
<input type="checkbox"/>		<input type="checkbox"/>	M79.632 Pain in left forearm	<input type="checkbox"/>	G89.0 Central pain syndrome
<input type="checkbox"/>		<input type="checkbox"/>	M70.21 Olecranon bursitis, right elbow	<input type="checkbox"/>	G89.11 Acute pain due to trauma
<input type="checkbox"/>		<input type="checkbox"/>	M70.22 Olecranon bursitis, left elbow	<input checked="" type="checkbox"/>	G89.21 Chronic pain due to trauma
<input type="checkbox"/>		<input type="checkbox"/>	M25.421 Effusion (swelling), right elbow	<input type="checkbox"/>	G89.29 Other chronic pain
<input type="checkbox"/>		<input type="checkbox"/>	M25.422 Effusion (swelling), left elbow	Respiratory	
<input type="checkbox"/>	Muscle	<input type="checkbox"/>	M25.431 Effusion, right wrist (forearm)	<input type="checkbox"/>	R05 Cough
<input type="checkbox"/>	M79.1 Myalgia	<input type="checkbox"/>	M25.432 Effusion, left wrist (forearm)	<input type="checkbox"/>	R07.0 Pain in throat
<input type="checkbox"/>	M79.7 Fibromyalgia	<input type="checkbox"/>	M25.621 Stiffness of right elbow, not elsewhere classified	<input type="checkbox"/>	J45.20 Intrinsic asthma, unspecified (mild intermittent asthma, uncomplicated)
<input type="checkbox"/>	Nausea	<input type="checkbox"/>	M25.622 Stiffness of left elbow, not elsewhere classified	<input type="checkbox"/>	J45.991 Cough variant asthma
<input type="checkbox"/>	R11.0 Nausea	<input type="checkbox"/>		<input type="checkbox"/>	J45.998 Other asthma
<input type="checkbox"/>	R11.11 Vomiting without nausea	<input type="checkbox"/>		<input type="checkbox"/>	

VI. Recent Hospitalizations / Surgical History

Kidney stone. Date 12/24/2025

_____ Date _____

_____ Date _____

Other relevant information:

Low GFR

Poor Kidney function

Bladder incontinance

Poor vision

I am receiving acupuncture and related treatments from Byoung Soon Kim MSc.AAOM.

I hereby authorize KOSA Acupuncture to verify information required for processing payment, and to collect payment directly from my insurance.

I understand that if my insurance fails to cover for my treatments or pays me less than the prefixed price (mutually agreed), or pays me directly, I am responsible for making payments. I also authorize the clinic to obtain any medical information on me as needed.

By signing below, I certify that all information I have provided are accurate and to the best of my knowledge.

Client's Name: [REDACTED] _____

Client's Signature: _____ Date: 12/24/2025

For Office's Use Only

Treatments: Acupuncture	Duration:		Hr	Min		
Office visit (New patient):	99201 <input type="checkbox"/>	99202 <input type="checkbox"/>	99203 <input type="checkbox"/>	99204 <input type="checkbox"/>	99205 <input type="checkbox"/>	
Acupuncture w/o Electric	1 SET <input type="checkbox"/>	2 SET <input type="checkbox"/>	3 SET <input type="checkbox"/>	4 SET <input type="checkbox"/>		
Electrical Acupuncture	1 SET <input type="checkbox"/>	2 SET <input type="checkbox"/>	3 SET <input type="checkbox"/>	4 SET <input type="checkbox"/>		
Manual Therapy: (Guasha, Tuina)	15 min <input type="checkbox"/>	30 min <input type="checkbox"/>				
Moxa & Cupping:	15 min <input type="checkbox"/>	30 min <input type="checkbox"/>				
Massage:	15 min <input type="checkbox"/>	30 min <input type="checkbox"/>				
Infrared Heat:	15 min <input type="checkbox"/>	30 min <input type="checkbox"/>				
Electrical Stimulation:	15 min <input type="checkbox"/>	30 min <input type="checkbox"/>				
Application of Hot or Cold Packs:	15 min <input type="checkbox"/>	30 min <input type="checkbox"/>				