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: _____ MI: [redacted]

Date of Birth: [redacted]-90 (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: _____

Email: [redacted] Height: 5'3 Weight: 2__ lbs.

Children (Age & Gender): [redacted]

Primary Physician: _____ Phone: _____ Referred by: —

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

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

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

[redacted] 4yr rearended chiropractic nausea random
feet too sensitive swelling tingling hot
random twitch.
birth control
R Tinnitus
Scoliosis flat foot.

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)

Allergies (to medications, chemicals or foods): Codeine

III. Lifestyle

1. What is your occupation? Sales Rep How many hours do you work weekly? 40

2. How many servings per day do you use of the following?

Coffee ____ Tea 2-3 Soft drinks 1 Alcohol ____ Water +++ Cigarettes, cigars, or other tobacco ____

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: ____ Activities: _____

5. How many hours of sleep do you usually get per night? 6-7

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? 1

6. Frequency of bowel movement: _____ per day or _____ per week

What is the color of stool? _____

For Women:

1. Age: First period 10 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 2 Pregnancies 4

4. Dates: Last Pap Smear_____ (dd/mm/yyyy) Last Mammogram NA (dd/mm/yyyy)

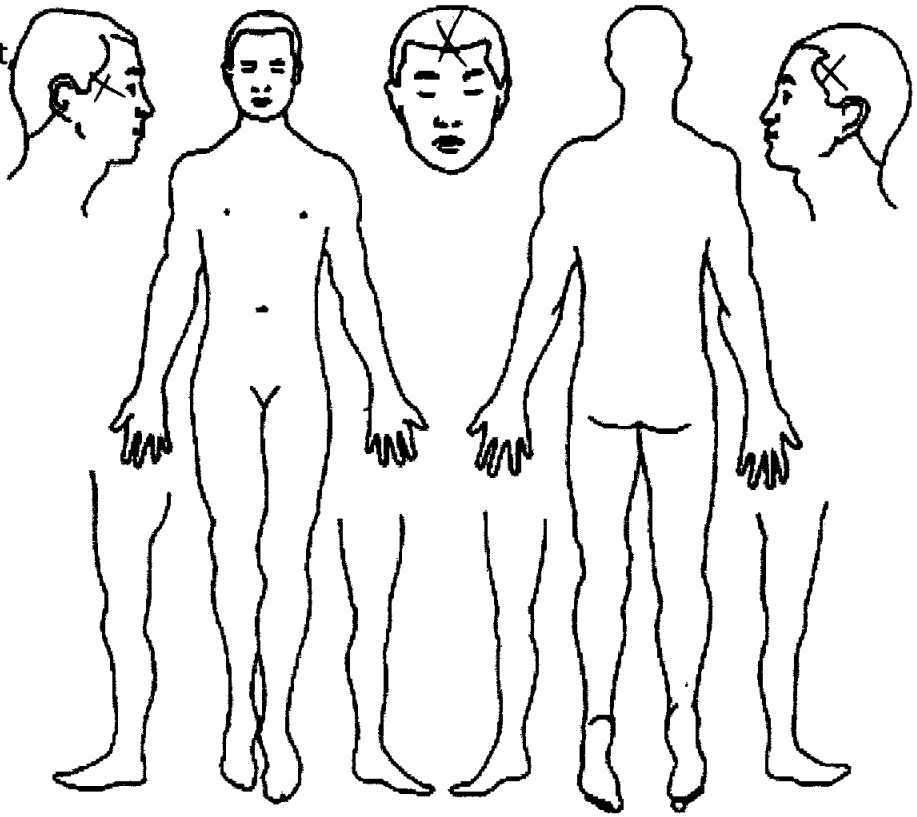
For Men:

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.

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

Head (Face and Eyes)		
X	R51	Headache
	G43.111	Migraine with aura
	G43.011	Migraine without aura
	G43.711	Chronic migraine without aura
	G43.911	Migraine, unspecified
	J34.89	Other disease of nasal cavity and sinuses (pain)
X	H92.09	Otalgia, unspecified ear (ear pain)
X	R68.84	Jaw pain
	Z98.89	Other specified postprocedural states (dental with pain)
Neck		
	M54.2	Cervicalgia (Neck pain)
	M25.50	Pain in unspecified joint (spine, cervical)
	R07.0	Pain in throat
	M50.31	Cervical disc degeneration occipito-atlanto-axial region
	M50.32	Cervical degeneration mid-cervical
	M50.33	Cervical disc degeneration cervicothoracic region
	M47.813	Thoracic spondylosis without myelopathy or radiculopathy cervicothoracic region
	M47.814	Thoracic spondylosis without myelopathy or radiculopathy thoracic region
Shoulder		
	M25.511	Pain in right shoulder
	M25.512	Pain in left shoulder
	M75.51	Bursitis of right shoulder
	M75.52	Bursitis of left shoulder
	M79.601	Pain in right arm
	M79.602	Pain in left arm
	M79.621	Pain in right upper arm
	M79.622	Pain in left upper arm
	M25.611	Stiffness of right shoulder, not elsewhere classified
	M25.612	Stiffness of left shoulder, not elsewhere classified
	M25.419	Effusion (swelling), unspecified shoulder
	M25.411	Effusion (swelling), right shoulder
	M25.412	Effusion (swelling), left shoulder
	S43.50XA	Sprain of unspecified acromioclavicular joint, initial encounter
Muscle		
	M79.1	Myalgia
	M79.7	Fibromyalgia
Nausea		
	R11.0	Nausea
	R11.11	Vomiting without nausea

Thoracic Spine		
X	M54.6	Pain in thoracic spine
	M20-M25	Pain in unspecified joint (spine, thoracic)
	M47.814	Thoracic spondylosis without myelopathy
X	S29.012A	Strain of muscle and tendon of back wall of thorax initial encounter
Lower Back (lumbosacral)		
X	M54.5	Low back pain (lumbago)
	M54.41	Lumbago with sciatica, right side
	M54.42	Lumbago with sciatica, left side
	M54.31	Sciatica, right side
	M54.32	Sciatica, left side
	M25.50	Pain in unspecified joint (spine, lumbar or lumbosacral)
	M54.89	Other dorsalgia
	S33.5XXA	Sprain of ligaments of lumbar spine, initial encounter
Pelvis		
	M25.551	Pain in right hip
	M25.552	Pain in left hip
	M25.651	Stiffness of right hip, not elsewhere classified
	M25.652	Stiffness of left hip not elsewhere classified
	M25.451	Effusion (swelling), right hip
	M25.452	Effusion (swelling). Left hip
	S33.8XXS	Sprain of other parts of lumbar spine and pelvis, sequela
Abdomen		
	R10.11	Right upper quadrant pain
	R10.12	Left upper quadrant pain
	R10.31	Right lower quadrant pain
	R10.32	Left lower quadrant pain
	R10.84	Generalized abdominal pain, Abdominal pain, other specified site (multiple sites)
Arm and Elbow		
	M25.521	Pain in right elbow
	M25.522	Pain in left elbow
	M25.531	Pain in right wrist
	M25.532	Pain in left wrist
	M79.631	Pain in right forearm
	M79.632	Pain in left forearm
	M70.21	Olecranon bursitis, right elbow
	M70.22	Olecranon bursitis, left elbow
	M25.421	Effusion (swelling), right elbow
	M25.422	Effusion (swelling)., left elbow
	M25.431	Effusion, right wrist (forearm)
	M25.432	Effusion, left wrist (forearm)
	M25.621	Stiffness of right elbow, not elsewhere classified
	M25.622	Stiffness of left elbow, not elsewhere classified

Wrist and Hand		
	M79.641	Pain in right hand
	M79.642	Pain in left hand
	M79.644	Pain in right finger(s)
	M79.645	Pain in left fingers(s)
	M70.11	Bursitis right hand
	M70.12	Bursitis left hand
	M25.631	Stiffness of right wrist, not elsewhere classified
	M25.632	Stiffness of left wrist, not elsewhere classified
Knee and Thigh		
	M25.561	Pain in right knee
	M25.562	Pain in left knee
	M79.651	Pain in right thigh
	M79.652	Pain in left thigh
	M79.661	Pain in right lower leg
	M79.662	Pain in left lower leg
	M70.51	Other bursitis of knee, right knee
	M70.52	Other bursitis of knee, left knee
	M25.461	Effusion (swelling), right knee
	M25.462	Effusion (swelling), left knee
	M25.661	Stiffness of right knee not elsewhere classified
	M25.662	Stiffness of left knee, not elsewhere classified
Ankle and Foot		
	M25.579	Pain in unspecified ankle and joints of right foot
	M25.672	Pain in unspecified ankle and joints of left foot
	M79.671	Pain in right foot
	M79.672	Pain in left foot
	M79.674	Pain in right toe(s)
	M79.675	Pain in left toe(s)
	M25.471	Effusion (swelling), right ankle
	M25.472	Effusion (swelling), left ankle
	M25.474	Effusion (swelling), right foot
	M25.475	Effusion (swelling), left foot
	M25.671	Stiffness of right ankle, not elsewhere classified
	M25.672	Stiffness of left ankle, not elsewhere classified
Pain - Acute and chronic		
	G89.0	Central pain syndrome
	G89.11	Acute pain due to trauma
	G89.21	Chronic pain due to trauma
	G89.29	Other chronic pain
Respiratory		
	R05	Cough
	R07.0	Pain in throat
	J45.20	Intrinsic asthma, unspecified (mild intermittent asthma, uncomplicated)
	J45.991	Cough variant asthma
	J45.998	Other asthma

VI. Recent Hospitalizations / Surgical History

Had gallbladder removed ~~yo~~ before incident. Not sure of date. Date _____

Date _____

Date _____

Other relevant information:

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 Signat [redacted]

ffice's Use Only

Treatments: Acupuncture Duration: 2 Hr Min

Office visit (New patient): 99201 ☐ 99202 ☐ 99203 ☒ 99204 ☐ 99205 ☐

Acupuncture w/o Electric 1 SET ☐ 2 SET ☐ 3 SET ☐ 4 SET ☒

Electrical Acupuncture 1 SET ☐ 2 SET ☐ 3 SET ☐ 4 SET ☐

Manual Therapy: (Guasha, Tuina) 15 min ☐ 30 min ☐

Moxa & Cupping: 15 min ☐ 30 min ☐

Massage: 15 min ☐ 30 min ☐

Infrared Heat: 15 min ☐ 30 min ☐

Electrical Stimulation: 15 min ☐ 30 min ☐

Application of Hot or Cold Packs: 15 min ☐ 30 min ☐