The Centre of
Integrative Natural Medicine
A Division of Oriental Healing Arts Inc.
3 Badenoch St
Morriston, ON, N0B 2C0
Tel: 519 763 6340 Fax: 519 763 9047
info@itsyourhealth.ca

The Herbal Baby Program

Initial Consultation Form P. James Tsui Registration #: 979

First Name:	Last Name:	Date of Birth: (mm/dd/yy)		Age:
Street Address:	City:	Prov:	Postal Code:	
Telephone(home):	Telephone(work):	Cell:		
Email:		Fax:		
Sex: **M**	Height:	Weight:	Blood Pressure:	Marital Status: # of children:
Allergies:	Occupation:	Stress Level: (please circle) Low 1 2 3 4 5 6 7 8 9 10 High		
Smoker? (Avg cigarettes/day):	Alcohol? (Type/Avg drinks per week):			
Reason for Visit (Major Medical complaints):	Medical Doctor Name:			
	Other Alternative Health Practitioner Name:			
Referral/How you heard about us:	Date of Visit:			
Disabilities:	Diagnosis from Medical Doctor:			

↓ Please do not write below, for clinic use only↓

Symptoms:

Patterns (Practitioner use only)	
Sleep	
Eating	
Bowel Movement	
Urination	
Traditional Assessment	
Tongue	
Pulse	

Assessment:

Please answer the following questions to the best of your knowledge.

Do you have a single partner with whom you have been trying to conceive? Yes □ No □
Is your partner supportive of your wish to conceive? Yes □ No □
Has your partner been tested for infertility? Yes □ No □
If yes, what were the results? -
_____

Do you have any other specific medical, genetic, physical and/or emotional conditions you would like to mention?
_____
_____
_____

Do you have a stressful occupation? Yes □ No □
What would you rate your daily stress level? 1 2 3 4 5 6 7 8 9 10 (10 = high, please circle)
Are you more than 20% below your ideal body weight? Yes □ No □
Are you more that 20% above your ideal body weight? Yes □ No □

Fertility History
Have you ever been diagnosed with abnormal sperm production or function? Yes □ No □
If yes, what is the cause and when were you diagnosed?
_____
_____

Have you ever been diagnosed with sperm delivery problems (such as premature ejaculation, retrograde ejaculation, certain diseases, structural problems)? Yes □ No □
If yes, what is the cause and when were you diagnosed?
_____
_____

Have you ever had radiation or chemotherapy? Yes □ No □
If yes, when and for how long?
_____

Have you ever taken any medications that impacts male fertility/performance e.g. hormone treatments, Viagra? (give medications and
reason)_____
_____
_____
_____

Have you ever been diagnosed STI (sexually transmitted infection)? Yes □ No □
If yes, what was the treatment?
_____
_____

Have you had surgery to repair structural damage or problems (e.g. Varicocele)? Yes □ No □
If so, what were the results? _____

Answer yes or no to the following questions.	**YES**	**NO**	
KIDNEY YIN DEFICIENCY			
Do you have lower back weakness, soreness, pain or knee problems?	☐	☐	
Do you have ringing in your ears or dizziness?	☐	☐	
Is your hair prematurely grey?	☐	☐	
Do you have very pronounced dark circles around or under your eyes?	☐	☐	
Do you have night sweats?	☐	☐	
Would you describe yourself as afraid a lot?	☐	☐	
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KIDNEY YANG DEFICIENCY			
Is your low back sore or weak?	☐	☐	
Do your feet get cold, especially at night?	☐	☐	
Are you typically colder than those around you?	☐	☐	
Is your libido low?	☐	☐	
Are you often fearful?	☐	☐	
Do you wake up in the night or in the morning because you have to urinate?	☐	☐	
Do you urinate frequently, and is the urine dilute and/or profuse?	☐	☐	
Do you have early morning loose, urgent stools?	☐	☐	
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SPLEEN QI DEFICIENCY			
Are you often fatigued?	☐	☐	
Do you have a poor appetite?	☐	☐	
Is your energy lower after a meal?	☐	☐	
Do you feel bloated after eating?	☐	☐	
Do you crave sweets?	☐	☐	
Do you have loose stools, abdominal pain or digestive problems?	☐	☐	
Are your hands and feet cold?	☐	☐	
Is your nose cold?	☐	☐	
Are you prone to feeling heavy and sluggish?	☐	☐	
Do you bruise easily?	☐	☐	
Do you think you have poor circulation?	☐	☐	
Do you have varicose veins?	☐	☐	
Are you prone to worry?	☐	☐	
Have you been diagnosed with low blood pressure?	☐	☐	
Do you sweat a lot without exerting your self?	☐	☐	
Do you feel dizzy or light headed, or have visual changes when you stand up fast?	☐	☐	
Have you been diagnosed with hypothyroid or anemia?	☐	☐	
Do you have hemorrhoids or polyps?	☐	☐	
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BLOOD DEFICIENCY (not necessarily equated with anemia)			
Do you have dry flaky skin?	☐	☐	
Are you prone to getting chapped lips?	☐	☐	
Are your fingernails or toenails brittle?	☐	☐	
Are you losing hair on your head (not patches but all over)?	☐	☐	
Is your hair brittle or dry?	☐	☐	
Do you have diminished night time vision?	☐	☐	
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BLOOD STASIS (often associated with blood deficiency symptoms)

Do you experience numbness of your ands and feet (especially at night)?	☐	☐	
Do you have varicose or spider veins?	☐	☐	
Do you have red hemangiomas (cherry red spots) on your skin?	☐	☐	
Does your complexion appear dark and sooty?	☐	☐	
Do you have chronic hemorrhoids?	☐	☐	
Is your lower abdomen tender to palpation (resisting touch)?	☐	☐	
Can you feel any abnormal lumps in your lower abdomen?	☐	☐	
Are the veins beneath your tongue twisty and tortuous?	☐	☐	
Have you been diagnosed with any vascular abnormality or blood clotting disorder	☐	☐	

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LIVER QI STAGNATION

Are you prone to emotional depression?	☐	☐	
Are you prone to anger and/or rage?	☐	☐	
Do you have difficulty falling asleep at night?	☐	☐	
Do you experience heartburn or wake up with a bitter taste in your mouth?	☐	☐	

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HEART DEFICIENCY (often associated with heat)

Do you wake up early in the morning and have trouble getting back to sleep?	☐	☐	
Do you have heart palpitations, especially when anxious?	☐	☐	
Do you have nightmares?	☐	☐	
Do you seem low in spirit or lacking in vitality?	☐	☐	
Are you prone to agitation or extreme restlessness?	☐	☐	
Do you fidget?	☐	☐	
Do you sweat excessively, especially on your chest?	☐	☐	

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EXCESS HEAT

Is your pulse rate rapid?	☐	☐	
Are your mouth and throat usually dry?	☐	☐	
Are you thirsty for cold drinks most of the time?	☐	☐	
So you often feel warmer than those around you?	☐	☐	
Do you wake up sweating or have hot flashes?	☐	☐	
Do you break out with red acne?	☐	☐	

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DAMPNESS

Do you feel tired and sluggish after a meal?	☐	☐	
Do you have cystic or pustular acne?	☐	☐	
Do you have urgent, bright or foul-smelling stools?	☐	☐	
Do your joints ache, especially with movement?	☐	☐	
Are you overweight?	☐	☐	
Do you have a wet, slimy tongue?	☐	☐	

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15. Please fill in the following chart to the best of your abilities

	Extremely Satisfied	Satisfied	Neutral	Dissatisfied	Extremely Dissatisfied
Health					
Romantic Relationship					
Mother Relationship					
Father Relationship					
Children Relationship					
Sibling Relationship					
Career					
Personal Growth					
Spirituality					
Diet					
Self Image					
Communication Skills					
Leisure Activity					
Travel					
Hobbies					
Finances					
Physical Body					
Home Environment					
Friendships					
Emotional Health					
Stress					
Medical Treatment					

Diet: How many servings of the following foods to you consume **daily**?

Protein (1/2 c.)- Meat (poultry, beef, fish, pork) or Vegan (soy, legumes, etc) _____

Dairy (1/4 c.)– (cheese, creams, milk from animals) _____

Fruit (1/2c.) _____

Nuts and seeds (1/4 c.) _____

Grains (1/2 c.) _____

Fresh, Non-starchy vegetables (1 cup) _____

Root vegetables (potatoes, carrots, etc.) (1/2 c.) _____

Oils and fats (1 tbsp) _____

Do you consume fried foods on a weekly basis **Y N**

Do you consume soft drinks/punch/juice daily? **Y N**

Do you consume more than 3 caffeinated beverages daily **Y N**

Do you consume whole grains? **Y N**

Do you frequently snack between meals? **Y N**

Do you consume 3 meals a day? **Y N**

Do you consume processed foods more than three times a week (canned, frozen meals, etc.)? **Y N**

Is there anything else you would like to share? Please be precise. _____

_____

_____

_____

The Centre of

INTEGRATIVE NATURAL MEDICINE
RATE SCHEDULE

Clinic Fees Effective June 15, 2021

TCM/Acupuncture Initial Consultation (Includes BIA; no HST)	$180 - Practitioner James Tsui	**Nutrition and Lifestyle Initial Consultation** (Includes BIA)	$132 +HST ($87 +HST when referred by Practitioner)
TCM/Acupuncture Follow-up Consultation	$77 no HST ($92 with BIA)	**Nutrition and Lifestyle Follow-up Consultation** (Includes BIA)	$57 +HST
TCM/Acupuncture Follow-up Consultation with Treatment	$107 no HST	**Bioimpedance Analysis (BIA)**	$18 +HST
Acupuncture Treatment	$70 no HST (see below for pre-paid packages)	**IgG Food Sensitivity Testing**	$280 no HST (Family Rate: 15% off for spouse and children 17 years of age or younger)
Quit Smoking Program (Includes Initial Consultation and 3 Acupuncture Treatments)	$237 no HST *Does not include ear seeds	**Hair Mineral Analysis**	$130 no HST
		Zinc Test	$7 +HST
Auricular (Ear Seed) Treatment	$20 no HST	**Cosmetic Acupuncture Treatment**	$87 (no HST)
Moxa Treatment	$70	**Moxa Add-On**	$32
Cupping Treatment	$70	**Cupping Add-On**	$32
Blood Letting Treatment	$70	**Blood Letting Add-On**	$42

Pre-Paid Acupuncture Packages	
8 treatment Package $528 no HST Save $32 $66 per treatment	14 Treatment Packaged $882 no HST Save $98 $63 per treatment

Please Note:

- There is a 10% mature discount (>65); 5% for pre-paid acupuncture packages
- Appointments require 24 hours for cancellation or full charge applies.
- Insurance letter $87.00 (incl OCF forms)
- Visitation record $67.00
- NSF charge $52.00
- Shipping charges within Ontario are $18 on orders under $400 before tax, and free on orders over $400 before tax. Please ask about shipping charges outside of Ontario.
- Powder tea restocking fee is 60% - All other products 15% - No refund on open products
- Patients returning after 4 years or longer require an initial consultation – Receive 20% off if it has been less than 7 years; Full price over 7 years
- Add-On treatments are in conjunction with other treatment (Including Acupuncture, Cupping, Moxa or Blood Letting)
- Initial Consult Family Rate: 20% off for spouse and children 17 years of age or younger
- **Initial Consultation Fee requires payment at time of booking to secure time slot; charge is refundable up to 48 hours prior to visit (72 for Tuesday appointments). Non-refundable within 48 hours of appointment

Extended health care benefits may cover Chinese Medicine, and Acupuncture. Please check your plan details or call your human resource department.

Please sign that you have read and understand the above, you acknowledge the fee schedule, and you agree to pay your account in full at the time of each visit or product purchase.

Signature _____ Date _____

The Centre of
INTEGRATIVE NATURAL MEDICINE

INFORMED CONSENT FORM

The services provided in this clinic include: Acupuncture with or without transcutaneous electrical nerve stimulation (TENS) machine, Cupping, Moxibustion, Blood Letting, Chinese herbal medicine, nutritional supplementation, nutritional and lifestyle counseling based on Traditional Chinese Medicine principles. Besides TCM diagnostic methods we also utilize diagnostic methods such as Bio Impedance Analysis (BIA), IgG delayed food sensitivity testing, and Hair Mineral Analysis.

This is to acknowledge that I have been informed and I understand that:

1) Any treatment or advice provided to me as a patient of Practitioner James Tsui R.TCMP, R.Ac, and/or Carly Sutherland BSc, RHN is not mutually exclusive of any treatment or advice that I may now be receiving or may receive in the future from another licensed health care provider.
2) I am at liberty to seek or continue medical care from a physician or surgeon or other health care provider qualified to practice in Ontario.
3) James Tsui and/or Carly Sutherland have not suggested or recommended me to refrain from seeking or following the advice of another licensed health care provider.
4) The treatment and therapies recommended by James Tsui and/or Carly Sutherland may be different from those usually offered by a medical doctor or other licensed health care provider.
5) Acupuncture side effects may occur in a small percentage of patients and may include the following: some pain following treatment in the treated area, minor bruising or bleeding, fainting, minor infection, and possible hives.
6) Herbal medicine or nutritional supplements may cause digestive discomfort, nausea, diarrhea or constipation.
7) It is my responsibility to inform the practitioner(s) prior to acupuncture if I have a severe bleeding disorder, clotting disorder, heart condition, pace maker, breasts implant, or if I am or may be pregnant.

I declare that I have received a full and complete explanation of the treatment or services that I may receive at the Centre of Integrative Natural Medicine by James Tsui and/or Carly Sutherland and hereby authorize and consent to treatment by James Tsui and/or Carly Sutherland. I intend this consent to apply to all my present and future care at The Centre of Integrative Natural Medicine.

For the safety and well-being of the practitioners and staff at the Centre of Integrative Natural Medicine, I declare the following; (please circle Y for yes and N for no)

I have been diagnosed with Hepatitis B: **Y N**
I have been diagnosed with Hepatitis C: **Y N**
I have been diagnosed with HIV/AIDS: **Y N**

As a patient of your clinic, I share my personal information so that you can provide me with the advice, products and services that best suit my needs. You only collect, use and disclose such information in a manner that a reasonable person would consider appropriate in the circumstances. With my consent, you can use and disclose this information to:

* Provide me with the most accurate health advice to suit my needs
* Communicate with me in a timely and efficient manner
* Inform me of any clinic promotions you are holding
* Inform me with the most up-to-date health information via email

The Centre of Integrative Natural Medicine has my permission to use my personal information given on the initial consultation form to reach me regarding appointments or information related to my treatment program. I consent to allowing clinic staff to leave a message on a machine or with any individual at this number regarding appointment information.

_____ _____ _____
Printed Name Date (dd/mm/yyyy) Signature

Traditional Chinese Medicine (TCM)

One of the oldest and safest forms of medicine in the world (5000 +years). TCM uses man modalities to treat not only the symptoms, but also the root causes of disease. It works by identifying and correcting any energy imbalances within an individual and restoring the energy to its natural balance and flow. TCM acts in a gentle and gradual manner to assist the body to heal itself in a holistic way. This minimizes any side effects while still being very effective for a wide variety of disorders.

- **Herbal Remedies**: Chinese herbal medicines act in a gentle and gradual manner, assisting the body to heal itself in a holistic way so that the root cause of the problem is treated along with the symptoms. Typical prescriptions can range from 10 or 20 days
- **Acupuncture**: The insertion of ultrafine needles into the skin at specific points along meridians that are key to the healing process. This is the most well-known and commonly used treatment modality. Acupuncture stimulates your body's natural healing mechanism, helping to restore physical and mental balance. Acupuncture has been proven to be effective in treating a wide variety of illness and disorders.
- **Moxibustion**: The use of a dried plant called mugwort which is burnt and produces a therapeutic heat. There are several types of moxibustion; we predominantly use indirect moxibustion which is applying heat close to the skin at specific acupuncture points to dispel cold and dampness from the body.
- **Cupping**: In a typical cupping session, glass cups are warmed using a cotton ball or other flammable substance, which is soaked in alcohol, lit, and then placed inside the cup. removing the oxygen, creating a vacuum and the cup is anchored to the skin. The vacuum draws up the skin to open up the skin's pores, which helps to stimulate the flow of blood, balances and realigns the flow of *Qi*, breaks up obstructions, and creates an avenue for toxins to be drawn out of the body.

  Depending on the condition being treated, the cups will be left in place from 5 to 10 minutes or a small amount of medicated or herbal oil is applied to the skin which allows the practitioner to move the cups over specific acupoints or meridians.
- **Bloodletting**: An ancient technique that calls for using a specialized tool to draw blood from the body to treat a patient. Bloodletting is used to invigorate the smooth flow of *Qi* and blood, dispersing *Qi* and blood stasis, drain excess heat and fire, or induce bleeding to bring down yang rising.

For more information regarding treatments, please speak with your Traditional Chinese Medicine Practitioner.

FoodSafe IgG Food Antibody Blood Spot

Any Symptom can be an Allergy

The greatest challenges with allergies are recognizing them. Everyone relates an allergy with an immediate response such as itchy eyes, runny nose, vomiting and/or hay fever. However, allergies can be much more extensive and can manifest in many different ways. Allergies may not be the root cause of all ailments, but they can be a predisposing factor in the development of a plethora of diseases. If you suffer from any health concerns that have not been diagnosed, or have been told that you have absolutely nothing wrong with you 'diagnostically' speaking, before going for more tests you should first consider food allergies.

The results of the blood spot test provide important information about your immune system and whether it it's in conflict with various components of your diet. We're all familiar with rapid acting food allergies, such as those caused by peanuts, or shell-fish, and if you have that type of allergy, you almost certainly know about it already. This test does not measure the "rapid reactor" type of antibody, called "IgE (immunoglobulin E). Instead, the FoodSafe test measures a class of "slower reacting" antibodies called "IgG_4" (Immunoglobulin G_4) the most common type of antibody in the blood.

Food specific IgG_4 levels increase in response to food antigens in the bloodstream. Not surprisingly, increased IgG_4 levels are most often associated with foods eaten regularly, such as dairy, wheat, and eggs. IgG_4 responses to foods often cause delayed symptoms, including (but not limited to) joint or muscle pain, chronic low back pain, bedwetting, recurrent bladder or upper respiratory infections, chronic headaches, fatigue, hives, eczema, psoriasis, canker sores, ulcerative colitis, gallbladder attacks, heartburn, and indigestion. Since IgG_4 reactions often occur hours or days after particular foods are consumed, they can be difficult to recognize and correlate to the specific food. The reactions can be subtle or severe, and (if not identified and eliminated) may lead to chronic (long-term) symptoms and chronic degenerative conditions.

When a food causing and IgG_4 immune response is avoided, it may take 3 to 9 months for the antibody level against that food to decrease significantly. Once the antibody level has decreased to below the symptom-causing level, eating the same foods again may cause it to return to the previous level within weeks to months of continuous use. For that reason, these foods are often less problematic when reintroduced if eaten infrequently in a "rotation diet" (each "problem" food only every few days). They seldom have to be avoided for life.

If you would like to have this test completed prior to your first visit so the Practitioner has the results, please call the clinic to make arrangements.

Nutrition and Lifestyle Coaching

What to expect: Your Holistic Nutrition and Lifestyle coach combines nutrition and healthy lifestyle habits to build a program just for you. We can provide you with the knowledge and tools you need to get you on the path to optimal health.

Getting started: We begin with a full consultation and assessment to review your health history and to determine where any imbalances may lie. We want to get to know you and what you are all about. Then, a nutritional and lifestyle protocol is designed specifically for you and your health goals.

Continued coaching: Coaching follow-ups are scheduled depending on your individual needs and range from weekly to monthly until your goals are met. Your protocol is modified according to your improvement and reassessments are performed as goals are met.

Maintenance program: Once you have reached your optimal health, a maintenance protocol can ensure your improvements are maintained.

What is Holistic Nutrition?

Holistic simply means “treating the body as a whole”.

When our body is deficient in certain nutrients or if major organs have become overloaded with toxins we consume in our food or breathe in from the air around us, symptoms begin to appear. These symptoms are our body’s language...our body’s way of telling us that balance needs to be restored. The holistic approach to nutrition looks at these symptoms in order to determine the underlying cause. It is then the cause of the symptoms that we work to correct, not the symptoms themselves.

Our body works at its utmost potential when all aspects are in physical, emotional and spiritual balance. Since no two people have the same body chemistry, the approach to each individual is always unique. What is lacking in one person may not be lacking in another. Studying the individual themselves and their symptoms instead of prescribing standard dietary recommendations leads to a more thorough evaluation and precise nutritional approach to help obtain optimal physical and psychological health.

Holistic nutrition focuses on consumption of natural, wholesome foods and the elimination of toxins from our bodies. We recommend that deficiencies should be addressed through dietary sources, supplementation and other positive lifestyle changes.

Please contact us by phone or email for more information.

Hair Mineral Analysis

Hair contains all the minerals present in the body and, in most cases, reflects the quantity of these elements in your tissues. Analysis of this information provides a wealth of information on how efficiently your body is working and its nutritional status.

A blood test will only give information about your mineral levels at the time the test is taken. For instance, if you've just eaten a banana a blood test may indicate a high potassium level, even though you actually need a potassium supplement. Hair analysis reflects your body's storage of potassium over a period of time, not what you ate that day, or even that week. Likewise, urine tests measure what is being excreted from your body, which is not necessarily what has been absorbed as fuel.

How is it carried out? Taking a hair sample is simple, non-invasive and pain free. Any-one can do it. All that is needed is about a tablespoon of hair taken from your head. The hair must be about one to one and a half inches from the root end – it's important to cut off and discard any hair longer than that. This is than sent to the laboratory a which point it is prepared for testing. The results are interpreted to produce toxic element and nutritional mineral levels with a report that is personalized for you, complete with graphs and explanations which may give you answers you have been seeking for years.

Why might you benefit from a Hair Analysis?
If you have a disease or illness which has not responded to conventional treatment, you may wish to explore other possibilities and this is an excellent place to start. If you are suffering from 'unexplained' problems such as headaches, backaches, weakness, tremors or neurological conditions a hair mineral analysis may help you explain it.

If you can answer 'yes' to five or more of these questions a hair analysis may provide information which, if acted upon, could benefit your health.

- Do you live in a city or by a busy road?
- Do you spend more than 2 hours a week in traffic?
- Do you exercise or walk by busy roads?
- Do you smoke more than 5 cigarettes a day?
- Do you live or work in a smoky atmosphere?
- Do you buy foods exposed to exhaust fumes (i.e. on display at a road-side stall)?
- Do you generally eat non-organic produce?
- Do you drink more than 1 unit of alcohol per day? (1 glass of wine, 1 pint of beer or 1 measure of spirits)?
- Do you spend a lot of time in front of a TV?
- Are you exposed to pollutants in your job (e.g. printing) or hobby (gardening)?
- Do you have two or more amalgam dental fillings?
- Do you usually drink unfiltered tap water?
- Or you may just be feeling under par without knowing why

If you would like to have this test completed prior to your first visit so the Practitioner has the results please call the clinic and we will arrange for that to happen.