

Yo San University Clinic

Patient Personal Data Form

WELCOME TO YO SAN UNIVERSITY CLINIC

Please fill out the demographic information below

PATIENT ID NUMBER:		
First Name:		
Last Name:		
Date of birth:	Male / Female	
Address:		
City:	State:	Zip:
Home phone:	Work/Mobile phone:	
Email:		
<i>May we contact you with clinic updates and information?</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>		
Occupation:		
Referred by:		
Name of emergency contact:		
Phone number of emergency contact:		
Name of Medical doctor:		
Other healthcare provider:		
Other healthcare provider:		

Please ask our front office staff if you have any questions on filling out these forms.

Thank you for visiting Yo San University Clinic.



Yo San University Clinic

13315 W. Washington Blvd · Los Angeles, CA 90066 · Tel: 310.577.3006 ·
www.yosan.edu

Notice of Privacy Practices Patient Acknowledgement

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the Notice.

I acknowledge that I have received a copy of Yo San University Clinic's Notice of Privacy Practice.

Name: _____
(Please print)

Signature: _____

Date: _____

FOR OFFICE USE ONLY

We have made every effort to obtain written acknowledgment of receipt of our Notice of Privacy from this patient but it could not be obtained because:

- The patient refused to sign
- The patient was unable to sign
- Other (Please provide specific details)

Name of Employee: _____

Date: _____



YO SAN UNIVERSITY CLINIC TEACHING CLINIC & OFFICE POLICY AGREEMENT

Welcome to Yo San University Clinic.

Yo San University is a teaching Clinic. Our goal is to provide excellent health care to you and a learning environment for student interns to gain knowledge and experience of the practice of Traditional Chinese Medicine. Experienced Licensed Acupuncturists (L.Ac.) supervise our interns and oversee every treatment in the clinic. Treatment procedures may include acupuncture, electroacupuncture, moxibustion, cupping, gua-sha, acupressure, tui-na (Asian bodywork/ massage), heat, cold, breathing techniques, exercises, along with herbal prescriptions (including approved animal and mineral products), nutritional and dietary advice to promote, maintain and restore health.

A critical part of the students' clinical education is to observe experienced Interns treating patients. As such, your treatment sessions may be observed by student interns other than your attending intern(s).

Due to scheduling and other limitations, you may not be able to see the same intern for every treatment; we will try to accommodate your requests where possible.

Please be punctual for your appointment. This is a high-volume teaching clinic, unforeseen time constraints may affect your treatment time.

Patient clinical records may be reviewed and used as teaching material as needed by the clinical faculty, the Dean of Clinical Education and other senior university administrators.

As a non-profit teaching facility, we adopt the following office policies:

- We do not bill insurance directly. Patients are responsible for all fees at the time of service. Upon your request we will provide you with a completed Health Insurance Claim Form for you to submit to your insurance company
- If you need to change or cancel an appointment, please inform us 24 hours in advance the appointment. We reserve the right to charge a fee for no-show / late cancelations in the amount of the treatment missed
- There is a \$35.00 service charge for returned checks
- Herbal products are not returnable or refundable
- For patients 18 or younger, a parent/caregiver must be present during treatment. The parent/caregiver must sign the "Treating a Minor" consent form.

I have read and agree to the above terms.

Print name: _____

Signature: _____

Date: _____



YO SAN UNIVERSITY CLINIC PAYMENT POLICIES

Welcome to Yo San University Clinic.

We have a number of specialties and services to serve your healthcare needs. In order to provide you, our customer, with the best possible service you will need to understand our payment policy.

Payment is due at the time of service.

We currently do not directly bill insurance companies for our services. You are responsible for all fees at the time of service. As a courtesy to you, we will, upon your request, provide you with a completed Health Insurance Claim Form for you to submit to your insurance company

You will be assessed a “no show/late cancellation” fee for a missed appointment as well as for cancellations made with less than 24 hours notice. The fee charged will be:

For Licensed Practitioner appointments: \$50

For Intern/Healthy Aging appointments: \$25

For Women’s Health/Orthopedics & Pain appointments: \$35

Payment is required for all herbal prescriptions/refills at the time of service.

Delinquent accounts will be referred to a professional agency for collection.

Should you need to make other payment arrangements, or have questions regarding your bill please contact the Clinic Manager at (310) 577-3006, or via email at clinicmanager@yosan.edu.

For your convenience, the Clinic accepts cash, checks, VISA and MasterCard.



I have read and agree to the above terms.

Print name: _____

Signature: _____

Date: _____



YO SAN UNIVERSITY CLINIC

Please take a few moments to help us get to know you, so that we can better develop services for your health care needs. This form will be kept separately from your patient file and your answers to these questions will be anonymous.

Today's date is: _____

Home address zip code: _____

How did you hear about Yo San University Clinic?

- Free lecture
- Health Fair Name of Health Fair: _____
- Magazine: Name of magazine: _____
- Newspaper: Name of newspaper: _____
- Referral: Name of referrer: _____
- Yo San University Open House event
- Yo San University website
- Other: Please indicate: _____

I am: Female Male

My age range is:

- under 18 18-25 26-40 41-55 55-65 over 65

My annual household income is approximately:

- under \$20,000 \$20,001 - \$30,000 \$30,001 - \$45,000
 \$45,001 - \$60,000 \$60,001 - \$75,000 over \$75,000
 Prefer not to answer

The race/ethnicity that I most identify with is:

- American Indian or Alaskan Native
- Black / African American
- Native Hawaiian/Other Pacific Islander
- Race/ Ethnicity Unknown
- Prefer not to answer
- Asian
- Hispanic
- Multi-racial / ethnicity
- Other



Men's Fertility History

Confidential

Date	Last Name			First Name		Middle Initial
Date of birth	Age	Height	Weight	Body Type	Occupation	

How long have you and your partner been trying to conceive? _____

How would you define your sexual energy? Normal _____ Below normal _____

Have you fathered other children? Y / N If yes, how many? _____ Ages: _____

	<u>YES</u>	<u>NO</u>
Have you had any urologic surgeries?.....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an undescended testes?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced difficulty maintaining an erection?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced difficulty ejaculating?.....	<input type="checkbox"/>	<input type="checkbox"/>
Do you regularly experience nocturnal emission?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any exposure to any known environmental toxins or hormones?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced any penile discharge?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a fertility work up?.....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, who was your doctor _____		

Sperm Analysis

Date	Count	Morphology	Motility	Volume

Have you ever been diagnosed with any of the following:

Chlamydia? Y / N Other STDs? Y / N Varicocele? Y / N Prostate problems? Y / N Diabetes? Y / N

Do you take any of the following Supplements and/or Vitamins?

	Male vitamins	Mega Man	Fish Oil	L-Carnitine	L-Arginine	Anti-oxidants	EWA complete list
# of months on vitamins							

Is your partner currently being treated by us? Y / N Partner's name: _____

Yo San University's Fertility Clinic

Health History

NAME (Last, First, Middle)	DATE
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Please check any symptoms you currently have or have had in the last year.

General

- Chills
- Low energy
- Dizziness
- Allergies
- Fatigue
- Fevers
- Excess thirst
- Insomnia
- Nervousness
- Numbness
- Sweat spontaneously
- Night sweating
- Lack of sweating
- Weight loss
- Weight gain
- Aversion to heat
- Aversion to cold

Head & Neck

- Blurred vision
- Heaviness in the head
- Headache
- Phlegm in throat
- Cataract
- Double vision
- Earache
- Ear Discharge
- Eye pain/strain
- Corrected vision
- Nasal obstruction
- Nasal discharge
- Loss of sense of smell
- Hearing loss
- Hoarseness
- Nosebleeds
- Recurrent sore throat
- Red / inflamed eyes
- Ringing in the ears
- Sinus problems
- Sores on lips
- Taste change
- Teeth problems
- Vision disturbances

Respiratory

- Asthma
- Hay fever
- Persistent cough
- Coughing blood
- Shortness of breath
- Recurrent bronchitis
- Phlegm production
- Difficulty inhaling
- Difficulty exhaling

Cardiovascular

- Chest pain
- High blood pressure
- Low blood pressure
- Irregular heart beat
- Poor circulation
- Swelling of ankles
- Varicose veins
- Hypochondriac pain
- Distention in chest or hypochondrium

Gastrointestinal

- Abdominal pain
- Bloating
- Belching
- Gas
- Constipation
- Diarrhea/loose stools
- Bloody stools
- Black stools
- Difficulty swallowing
- Poor appetite
- Heartburn/reflux
- Hemorrhoids
- Indigestion
- Poor appetite
- Stomachache
- Nausea/Vomiting
- Vomiting blood

Diet/Lifestyle

- Vegetarian
- Healthy diet
- Eat much fried food

Eat much meat

- Smoke cigarette
- Drink alcohol
- Drink coffee
- Recreational drug use
- Eat too many sweets
- Take Melatonin
- Take steroids
- Exercise regularly
- Exercise excessively

Weight

- underweight
- normal for height
- overweight
- very overweight

Genitourinary

- Pale urine
- Dark urine
- Blood in urine
- Cloudy urine
- Burning urination
- Scanty urination
- Profuse urine
- Frequent urination
- Poor bladder control
- Urgency to urinate

Musculoskeletal

- Pain/weakness/numbness in:
- Arms
 - Hands
 - Legs
 - Feet
 - Joints
 - Knees
 - Hips
 - Shoulders
 - Upper back
 - Lower back
 - Pain all over
 - Weakness all over
 - Lack of strength
 - Cold limbs
 - Broken bones

Skin

- Thick skin
- Thin skin
- Broken blood vessels
- Bruise easily
- Discoloration
- Dark circles under eyes
- Bags under eyes
- Swollen lymph glands
- Dry skin
- Acne
- Brittle nails
- Premature gray hair
- Dry, brittle hair
- Hair loss

Neurologic

- Fainting
- Convulsions
- Handwriting change
- Paralysis
- Stroke
- Seizures
- Tremors
- Recent clumsiness
- Drowsiness
- Vertigo
- Poor balance

Emotional

- Insomnia
- Irritability
- Often angry
- Troubling dreams
- Cry uncontrollably
- Feel sadness often
- Forgetful
- Mind not clear
- Anxiety
- Panic attacks
- Fearful
- Unrestrained joy
- Night terrors
- Difficulty expressing emotions