

East•West Wellness Medical Center

18 Endeavor Suite 304, Irvine, CA 92618

Yee Wing Tong, M.D.

Elain Tong, D.O.

PATIENT INFORMATION (PLEASE PRINT LEGIBLY)

PERSONAL INFORMATION

Date: ____/____/____

Last Name: _____ First Name: _____ Middle Initial: _____

Title: Mr. Mrs. Ms. Dr. Marital Status: Single Married Widowed Separated Divorced

Birthdate: ____/____/____ Age: _____ Gender: Male Female

Social Security #: _____ -- _____ -- _____ Driver's License #: _____

Address Line 1: _____ Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ - _____ Cell: (____) _____ - _____ Other: (____) _____ - _____

Preferred Contact: Cell Home Work: (____) _____ - _____

E-mail Address: _____

How did you hear about us? Radio KBRT Internet Insurance Friend _____
 Other _____

EMPLOYMENT INFORMATION

Patient's Employer: _____ Occupation: _____

Address: _____ Phone: (____) _____ - _____ ext. _____

City: _____ State: _____ Zip Code: _____

FINANCIAL/INSURANCE INFORMATION

Does the patient have medical insurance? No Yes Type: Medicare PPO HMO Other

Insurance Company: _____

Member ID#: _____ Group #: _____

Insured or Responsible Party Name: _____

Relationship: _____ Address (if different): _____

City: _____ State: _____ Zip Code: _____ Phone: (____) _____ - _____

IN CASE OF EMERGENCY, NOTIFY:

Name: _____

Relationship: _____ Phone: (____) _____ - _____

ASSIGNMENT OF BENEFITS: I authorize payment directly to Yee Wing Tong, M.D. of the insurance benefits, if any, otherwise payable to me for services rendered to me. I understand that I am financially responsible for all charges for services rendered. I agree in the event of non-payment, to bear the cost of legal fees should this be required. I authorize the release of any medical information necessary to process this claim.

Patient's or Guardian's Signature: _____ Date: _____

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TO PROSPECTIVE & NEW PATIENTS

Welcome! Our treatment differs from conventional drugs and surgery, which treat *symptoms* rather than their *cause*, therefore the relief from drugs is temporary and long-term use of drugs is harmful. Hence, patients with chronic ailments on drug therapy over time usually end up worse.

Our East/West treatment called NBE **cures** a disease by fixing the cause. Most of our patients have exhausted other therapies. Yet over 90% of them obtain relief from the first treatment, which is being documented by “Initial Reports” completed by patients. Visit our web site www.drtong.com for more information.

However, **WE MAKE ABSOLUTELY NO GUARANTEE OF ANY KIND.** In rare or severe cases, a patient may initially feel worse due to unresolved blockages. This is usually resolved with further treatment.

_____ **Initial**

Although our treatment restores health, we encourage our patients to get their annual check-ups and routine blood tests.

Our program consists of:

1. OFFICE THERAPY:

1. **Nerve Block/Trigger Point Injections (Neuro-BioEnergetics, or NBE Treatment)**, A diluted solution of Marcaine (a local anesthetic similar to Novocaine) is injected into spastic nerves or blocked energy points to alleviate the spasm and restore energy and blood flow.

Homeopathic Injectables, Homeopathic remedies are non-toxic and contain the energy essence of natural plants and minerals. They rectify defects in the energy structure, correct degeneration, and clear toxins or blockages. They are muscle tested to determine what remedy is needed and injected into energy points via the NBE treatment.

NBE therapy often produces instant relief of pain and other symptoms, such as nausea, itching, fatigue, depression, sinus congestion, post-nasal drip, shortness of breath, angina, and even tinnitus or hearing difficulty. Tell us your symptoms each time before we treat you.

2. **Acupuncture** works similarly to NBE therapy, using small needles without the Marcaine. An Electrical stimulator is attached to the needles to enhance the electrical energy and blood flow. It is usually combined with Infrared Heat.

2. SUPPORTIVE TREATMENTS: (The complete program is recommended to expedite healing. Please discuss possible options with Dr. Tong.)

1. **Chinese Herbs:** botanical and natural materials the Chinese used for thousands of years to treat *Qi* (life energy) deficiency or imbalances, such as excessive heat/cold, moisture (mucous)/dryness, etc.

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2. **Keeping your body's pH in Balance:** You can help your body neutralize acids in the blood and maintain a balanced pH by eating the right foods and exercising. We offer alkalized water that contains natural minerals that neutralize acids in your body.

c. Whole-food Supplement Minerals: Food concentrates containing different vitamins, minerals and other nutrients are used to correct nutritional deficiencies. Unlike commercial vitamins, this is *real food* that contains the various vitamins in their natural proportion, the unknown food factors, and more importantly, the healing life energy *Qi*, which is absent in synthetic vitamins. Water-soluble minerals in their ionic form are sometimes used initially to achieve rapid results because of their great absorbability.

3. **Homeopathy:** Non-toxic remedies containing the *energy essence* of natural materials can be taken in oral form. They are sold over the counter.

3. PATIENT EDUCATION: Much of your initial visit will be spent learning the root causes of your disease. *Disciplining yourself to proper nutrition, lifestyle modifications, and stress management is the only way to prevent catastrophic diseases and the recurrence of symptoms to achieve a PERMANENT CURE.*

a. Nutrition: Learn to balance the *energetics (yin/yang hot/cold)* of food. Memorize the information in our food list. *Food energy imbalance* is the single most common factor that causes the recurrence of symptoms. The other aggravating factors are excessive *stress*, and *over-activity* as a result of having less pain and more functional capacity due to our therapy.

2. **Exercise and Stress Management:** Walking or swimming daily is recommended. Exercising for ½ hour per day to achieve a moderate sweat is the most effective. Qigong, Tai Chi, Yoga, or Meditation are mind/body exercises that provide *more health benefits* than physical exercises alone as they maintain the mind/body connection and energy flow of the acupuncture meridians while improving your ability to manage stress. Persistence is the key to obtaining the most benefit from these exercises.

HOW OUR TREATMENT PLAN HEALS

The NBE treatment, Acupuncture and Chinese herbs open circulation and balance your energy. Alkaline water, which contains oxygen, calcium, magnesium and potassium will alkalize your blood and provide more oxygen in your circulation. The supplements provide nutrients frequently deficient in the modern diet. These nutrients help transport oxygen and minerals into the bones, teeth, hair, muscle and other cells. This complete program will strengthen your health. NBE treatments and acupuncture will improve you but you may not be stabilized and your symptoms may come back with stress and poor diet. We recommend that you try our complete program for a few months to stabilize your health and provide long-term symptomatic relief.

I have read and understand the above information.

Patient or Guardian Signature _____

Date _____

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Dear Patient:

Under the federal Health Insurance Portability and Accountability Act (HIPAA), Yee Wing Tong, M.D., like all healthcare providers across the nation, must have a Notice of Privacy Practices and provide you with a copy.

A copy of our Notice of Privacy Practices is enclosed for you to review and keep for future reference. It informs you about your rights and our obligations concerning your protected health information.

We take our responsibility to protect your health information seriously, and will continue to safeguard your information.

Sincerely,

Yee Wing Tong, M.D.

Name: _____ Date: _____

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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YEE WING TONG, M.D., INC. MAY USE AND DISCLOSE YOUR HEALTHCARE INFORMATION AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Yee Wing Tong, M.D., Inc. is required by law to maintain the privacy of your protected health information. This information consists of all records related to your health, including demographic information, either created by Yee Wing Tong, M.D., Inc. or received by Yee Wing Tong, M.D., Inc. from other healthcare providers.

We are required to provide you with notice of our legal duties and privacy practices with respect to your protected health information. These legal duties and privacy practices are described in this Notice. Yee Wing Tong, M.D., Inc. will abide by the terms of the Notice, or the Notice currently in effect at the time of the use or disclosure of your protected health information.¹

Yee Wing Tong, M.D., Inc. reserves the right to change the terms of this Notice and to make any new provisions effective for all protected health information that we maintain. Patients will be provided a copy of any revised Notices upon request. An individual may obtain a copy of the current Notice from our office at any time.

Uses and Disclosures of Your Protected Health Information Not Requiring Your Consent

Yee Wing Tong, Inc. may use and disclose your protected health information, without your written consent or authorization, for certain treatment, payment and healthcare operations. There are certain restrictions on uses and disclosures of treatment records, which include registration and all other records concerning individuals who are receiving, or who at any time have received services for mental illness, developmental disabilities, alcoholism, or drug dependence. There are also restrictions on disclosing HIV test results.

Treatment may include:

- Providing, coordinating, or managing healthcare and related services by one or more healthcare providers
- Consultations between healthcare providers concerning a patient
- Referrals to other providers for treatment
- Referrals to nursing homes, foster care homes, or home health agencies

For example, Yee Wing Tong, M.D., Inc. may determine that you require the services of a specialist. In referring you to another doctor, Yee Wing Tong, M.D., Inc. may share or transfer your healthcare information to that doctor.

Payment activities may include:

- Activities undertaken by Yee Wing Tong, M.D., Inc. to obtain reimbursement for services provided to you
- Determining your eligibility for benefits or health insurance coverage
- Managing claims and contacting your insurance company regarding payment
- Collection activities to obtain payment for service provided to you
- Reviewing healthcare services and discussing with your insurance company the medical necessity of certain services or procedures, coverage under your health plan, appropriateness of care, or justification of charges
- Obtaining pre-certification and pre-authorization of services to be provided to you

For example, Yee Wing Tong, M.D., Inc. will submit claims to your insurance company on your behalf. This claim identifies you, your diagnosis, and the services provided to you.

Healthcare operations may include

- Contacting healthcare providers and patients with information about treatment alternatives
- Conducting quality assessment and improvement activities
- Conducting outcomes evaluation and development of clinical guidelines
- Protocol development, case management, or care coordination
- Conducting or arranging for medical review, legal services, and auditing functions

For example, Yee Wing Tong, M.D., Inc. may use your diagnosis, treatment, and outcome information to measure the quality of the services that we provide, or assess the effectiveness of your treatment when compared to patients in similar situations.

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Yee Wing Tong, M.D., Inc. may contact you, by telephone or mail, to provide appointment reminders. You must notify us if you do not wish to receive appointment reminders.

We may not disclose your protected health information to family members or friends who may be involved with your treatment or care without your written permission. Health information may be released without written permission to a parent, guardian, or legal custodian of a child; the guardian of an incompetent adult; the healthcare agent designated in an incapacitated patient's healthcare power of attorney; or the personal representative or spouse of a deceased patient.

There are additional situations when Yee Wing Tong, M.D., is permitted or required to use or disclose your protected health information without your consent or authorization. Examples include the following:

- As permitted or required by law.
In certain circumstances we may be required to report individual health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries. We are required to report gunshot wounds or any other wound to law enforcement officials if there is reasonable cause to believe that the wound occurred as a result of a crime. *Mental health records may be disclosed to law enforcement authorities for the purpose of reporting an apparent crime on our premises.*
- For public health activities.
We may release healthcare records, with the exception of treatment records, to certain government agencies or public health authority authorized by law, upon receipt of written request from that agency. *We are required to report positive HIV test results to the state epidemiologist. We may also disclose HIV test results to other providers or persons when there has been or will be risk of exposure.*

We may report to the state epidemiologist the name of any person known to have been significantly exposed to a patient who tests positive for HIV. We are required by law to report suspected child abuse and neglect and suspected abuse of an unborn child, but cannot disclose HIV test results in connection with the reporting or prosecution of alleged abuse or neglect. We may release healthcare records, including treatment records and HIV test results, to the Food and Drug Administration when required by federal law. We may disclose healthcare records, except for HIV test results, for the purpose of reporting elder abuse or neglect, provided the subject of the abuse or neglect agrees, or if necessary to prevent serious harm. Records may be released for the reporting of domestic violence if necessary to protect the patient or community from imminent and substantial danger.
- For health oversight activities.
We may disclose healthcare records, including treatment records, in response to a written request by any federal or state governmental agency to perform legally authorized functions, such as management audits, financial audits, program monitoring and evaluation, and facility or individual licensure or certification. *HIV test results may not be released to federal or state governmental agencies, without written permission, except to the state epidemiologist for surveillance, investigation or to control communicable diseases.*
- Judicial and Administrative Proceedings.
Patient healthcare records, *including treatment records and HIV test results*, may be disclosed pursuant to a lawful court order. A subpoena signed by a judge is sufficient to permit disclosure of all healthcare records *except for HIV test results*.
- For activities related to death.
We may disclose patient healthcare records, except for treatment records, to a coroner or medical examiner for the purpose of completing a medical certificate or investigating a death. *HIV test results may be disclosed under certain circumstances.*
- For research.
Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct research.
- To avoid a serious threat to health or safety.
We may report a patient's name and other relevant data to the Department of Transportation if it is believed the patient's vision or physical or mental condition affects the patient's ability to exercise reasonable or ordinary control over a motor vehicle. Healthcare information, *including treatment records and HIV test results*, may be disclosed where disclosure is necessary to protect the patient or community from imminent and substantial danger.

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- For workers' compensation.
We may disclose your health information to the extent such records are reasonably related to any injury for which workers compensation is claimed.

Yee Wing Tong, M.D., Inc. will not make any other use or disclosure of your protected health information without your written authorization. You may revoke such authorization at any time, except to the extent that Yee Wing Tong, M.D., Inc. has taken action in reliance thereon. Any revocation must be in writing.

Your Rights Regarding Your Protected Health Information

You are permitted to request that restrictions be placed on certain uses or disclosures of your protected health information by Yee Wing Tong, M.D., Inc. to carry out treatment, payment or healthcare operations. You must request such a restriction in writing. We are not required to agree to your request but if we do agree, we must adhere to the restriction, except when your protected health information is needed in an emergency treatment situation. In this event, information may be disclosed only to healthcare providers treating you. Also, a restriction would not apply when we are required by law to disclose certain healthcare information.

You have the right to review and/or obtain a copy of your healthcare records, with the exception of *psychotherapy notes*, or information compiled for us (or in anticipation for use) in a civil, criminal, or administrative action or proceeding. Yee Wing Tong, M.D., Inc. may deny an access under other circumstances, in which case you have the right to have such a denial reviewed. We may charge a reasonable fee for copying your records.

You may request that Yee Wing Tong, M.D., send protected health information, including billing information, to you by alternative means or to alternative locations. You may also request that Yee Wing Tong, M.D., Inc. not send information to a particular address or location or contact you at a specific location, perhaps your place of employment. This request must be submitted in writing. We will accommodate reasonable requests by you.

You have the right to request that Yee Wing Tong, M.D., Inc. amend portions of your healthcare records, as long as such information is maintained by us. You must submit this request in writing, and under certain circumstances the request may be denied.

You may request to receive an accounting of the disclosures of your protected health information made by Yee Wing Tong, M.D., Inc. for the six years prior to the date of the request, beginning with disclosures made after April 14, 2003. We are not required, however, to record disclosures we make pursuant to a signed consent or authorization.

You may request and receive a paper copy of this Notice, if you had previously received or agreed to receive the Notice electronically.

Any person or patient may file a complaint with Yee Wing Tong, M.D., Inc. and/or the Secretary of Health and Human Services if they believe their privacy rights have been violated. To file a complaint with Yee Wing Tong, M.D. Inc., please contact the Privacy Officer at the following:

Privacy Officer
Yee Wing Tong, M.D., Inc.
18 Endeavor, Suite 304
Irvine, CA 92618

It is the policy of Yee Wing Tong, M.D., Inc. that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance or violation of the privacy standards.

This Notice of Privacy Practices is effective April 14, 2003

¹ This Notice is prepared in accordance with the Health Insurance Portability and Accountability Act, 45 C.F.R. 164.520, and applicable Wisconsin healthcare privacy laws.

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FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that taking responsibility to pay for the treatment is part of the healing process. The following is our Financial Policy that we ask you to read and sign prior to any treatment.

I. INSURANCE PATIENTS

A. Billing Insurance

- 1) Billing insurance companies is a courtesy that we provide to our patients. We will accept Assignment of Benefits, but **this does not guarantee payment from insurance carriers.**
- 2) You are responsible for deductibles, co-pays and/or the patient portions, and non-covered charges.
- 3) Please inform us if you have more than one insurance.
- 4) If you are a member of a Managed Care Insurance HMO or PPO, it is your responsibility to know your policy provisions and to inform this office.

B. Deductibles and Questionable Insurance Coverage

- 1) Please pay unmet deductibles at the time of service.
- 2) We require cash payment if there is any question about insurance coverage. Cash payments are discounted and not the full payment. We reserve the right to bill your insurance company for the balance.

C. Non-covered Charges (NCC)

- 1) NCC pertains to *unconventional* therapies, such as Chinese medical evaluation, muscle testing, homeopathic injectables, nutritional consultation, injections of energy points, herbs, and supplements and sometimes acupuncture.
- 2) Patients are responsible for non-covered charges; this includes \$40 for acupuncture (optional) for anyone who does not have acupuncture coverage on their policy.

D. Partial Payment

- 1) To keep patient portion balances from accumulating, we encourage estimated payments to be paid at each visit.

II. MEDICARE PATIENTS

- A. If your Medicare policy is attached to an HMO plan, you will be seen as a **cash** patient.
- B. Medicare pays for 4 treatments per 60-day period. If you would like more than 4 treatments per 60 days, each treatment averages \$350. We also offer a pre-paid package of \$1200 for 4 treatments used within 6 weeks.
- C. Medicare patients are responsible for Acupuncture \$40 (optional), herbs and supplements.

III. CASH PATIENTS- *Cash discounts are accepted as full payment if patient has no insurance coverage.*

Cash prices are approximate and are subject to change.

Consultation only	\$200
Initial Treatment	\$590-790
Subsequent Treatments	\$450-500

Pre-paid package of 4 treatments is available after the 3rd treatment for \$1600.00 to be used within 6 weeks.

IV. CANCELLATION POLICY- We require a 24 hour notice for cancellations. No shows and late cancellations will be charged a \$30.00 fee

WE ACCEPT CASH, CHECKS, VISA/MASTERCARD AND AMERICAN EXPRESS. A \$20.00 fee will be charged for returned checks. **I have read and agree to all of the above conditions.**

Signature _____

Date _____

Witness _____

Date _____

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No Show/Late Cancellation Policy

This policy has been established to help us serve you better.

It is necessary for us to make appointments in order to see our patients as efficiently as possible. No-shows and late-cancellations cause problems that go beyond a financial impact on our practice.

When an appointment is made, it takes an available time slot away from other patients.

No-shows and late-cancellations delay the delivery of health care to other patients.

A “no show” is missing a scheduled appointment. A “late cancellation” is canceling an appointment without calling us to cancel 24 hours in advance.

We understand that situations such as emergencies occasionally arise and may require you to cancel your appointment.

A charge of \$30.00 will be assessed for each no show or if you cancel with less than 24 hours notice.

Please understand that insurance companies consider this charge to be entirely the patient’s responsibility.

Patient Signature

Date

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NEW PATIENT QUESTIONNAIRE

NAME: _____ DOB: _____ SEX: M F DATE: _____

CHIEF COMPLAINTS: _____

What types of treatments have you had in the past for your pain problem(s)?

			Time Period	Approx. # of sessions	Beneficial Outcome?
Physical Therapy:	Y	N	_____	_____	_____
Surgery:	Y	N	_____	_____	_____
Injections:	Y	N	_____	_____	_____
Acupuncture:	Y	N	_____	_____	_____
Chiropractic:	Y	N	_____	_____	_____
Psychiatric:	Y	N	_____	_____	_____
Massage:	Y	N	_____	_____	_____
Other Pain Programs:	Y	N	_____	_____	_____

Previous Consultations: Physician/Specialty: _____ Time Period _____

Diagnostic Tests:

	Body Part	Date	Results
MRI:	_____	_____	_____
CT Scan:	_____	_____	_____
X-Ray:	_____	_____	_____
Bone Scan:	_____	_____	_____
Thermography:	_____	_____	_____

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Medical History: Please check mark any conditions you ever had.

Condition:	If yes, when?	Condition:	If yes, when?
<input type="checkbox"/> Heart Disease	_____	<input type="checkbox"/> Diabetes Mellitus	_____
<input type="checkbox"/> Heart Murmur	_____	<input type="checkbox"/> Easy Bruising/Bleeding	_____
<input type="checkbox"/> Heart Attack	_____	<input type="checkbox"/> Blood Disorders	_____
<input type="checkbox"/> High Blood Pressure	_____	<input type="checkbox"/> Glaucoma	_____
<input type="checkbox"/> Stroke	_____	<input type="checkbox"/> Frequent Headaches	_____
<input type="checkbox"/> Palpitations	_____	<input type="checkbox"/> Nerve Paralysis	_____
<input type="checkbox"/> Chest Pain	_____	<input type="checkbox"/> Fainting Spells	_____
<input type="checkbox"/> Shortness of Breath	_____	<input type="checkbox"/> Epilepsy	_____
<input type="checkbox"/> Asthma or Wheezing	_____	<input type="checkbox"/> Back Problems	_____
<input type="checkbox"/> Emphysema	_____	<input type="checkbox"/> Phlebitis	_____
<input type="checkbox"/> Bronchitis	_____	<input type="checkbox"/> Drug Addiction	_____
<input type="checkbox"/> Tuberculosis	_____	<input type="checkbox"/> Complications w/ Pregnancy	_____
<input type="checkbox"/> Hepatitis (Jaundice)	_____	<input type="checkbox"/> Smoking History	_____
<input type="checkbox"/> Kidney Disease	_____	<input type="checkbox"/> Other: _____	_____
<input type="checkbox"/> Sickle Cell Disease	_____	<input type="checkbox"/> Other: _____	_____
<input type="checkbox"/> Thyroid Disease	_____	<input type="checkbox"/> Other: _____	_____

Surgical History:

Please list all Surgeries (with dates) you have had:

Family Medical:

		Age	Cause of death:
Father:	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased	_____	_____
Mother:	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased	_____	_____

Any relevant medical history involving your parents or siblings?

Emotional Traumatic Events? Yes / No

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Do you smoke cigarettes? No Former Current

If former/current, how often: _____

Do you drink alcohol? No Social drinker Moderate drinker Heavy drinker

If yes, how frequent: _____

Do you use any recreational drugs? Yes No

If yes, please explain: _____

Current Medications: **List drugs, dose, results & prescribing physicians

Are you allergic to any medications? Yes No

If yes, describe the medication(s) and your reactions to these:

Have you had any unusual reactions to anesthesia? Yes No

If yes, please describe:

Do you experience numbness? Yes No

If yes, where? _____

Do you experience tingling? Yes No

If yes, where? _____

Do you experience weakness? Yes No

If yes, where? _____

Do you have any bladder issues? Yes No

If yes, please explain: _____

Do you have any bowel issues? Yes No

If yes, please explain: _____

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REVIEW OF SYSTEMS

NAME: _____

DATE: _____

Please check all conditions listed below which apply to you.

OVERALL CONDITION

GENERAL

Good health (most of life)

APPETITE

- Poor, no desire for food
- Recent weight fluctuation
- Stomach feels bloated
- Acid reflux into throat
- Chronic bad breath

THIRST

Moderate to severe

EMOTIONAL

- Angry, easily provoked
- Anxiety, worried all the time
- Terror, fear of many things
- Depression, a loss of hope
- Melancholy, or sadness

SLEEP

- Poor, fitful, awake tired
- Difficulty falling asleep
- Frequent dreams
- Nightmares

TEMPERATURE

- Chills, cool to touch
- Cold in hands or feet
- Fever
- Burning in palms/soles

FATIGUE

- Weak voice
- Weak in lower back

PROBLEMS IN SPECIFIC BODY SYSTEMS

HEAD-EYES-EARS-NOSE

- Headaches
- Dizziness
- Unconsciousness
- Pain behind eyes
- Glaucoma/Macular degeneration
- Itching eyes or nose
- Chronic sinus trouble
- Nose bleeds
- Impaired hearing
- Ears ringing

MUSCULOSKELETAL

- Weak muscles or joints
- Difficulty walking
- Pain in legs after walking
- Muscle aches or cramps
- Joint pain or stiffness

CARDIOVASCULAR

- Chest pain
- Heart trouble
- Swelling of hands or feet
- Short of breath after walking

GASTROINTESTINAL

- Peptic ulcer disease
- Vomiting of food or blood
- Heartburn or indigestion
- Liver trouble or Gallbladder Dx
- Hepatitis
- Abdominal cramping or bloating
- Constipation
- Frequent diarrhea
- Hemorrhoids
- Red blood in stool
- Black stool

RESPIRATORY

- Smoking
- Chronic lung disease
- Asthma
- Pneumonia
- Any breathing problems

PERSPIRATION

- Seldom have sweat
- Sweat very easily
- Sweaty palms or soles
- Night time sweating

GENITOURINARY

- Frequent urination
- Night time urination
- Burning or painful urination
- Blood in urine
- Kidney stones

ENDOCRINE

- Thyroid disease
- Hormone therapy
- Change in hair growth

MENSTRUATION

- Scanty menses
- No or little menses
- Too much or irregular menses
- Dark blood/clots
- Painful menses