American Consotherapy Center

Cancer Patient Form (First Visit)

Please pay attention to the following:

1. You can complete the form by typing or handwriting. For handwriting, please make sure to write clearly.

2. This form needs to be completed, regardless whether this is your first visit or follow-up visit.

3. After filling it out, please check out the requirements for attached materials and requirements for photos.

4. For each question, please put in the check mark ("√") before "□" if it applies to you.

Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name in Pinyin :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip code ： \_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WeChat: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship with patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A: A. Brief description of the condition and history:** ( Please describe what happened since any symptoms first shown up. More details on your current symptoms)

Symptoms and history:

**B. Consotherapy Precise individualized medical clinical type** (please read it carefully and fill in each item accordingly)

1. **Causes of the disease** (This is referring to self-analysis and not medical diagnosis. If you are not sure please leave it blank)

1)Chronic disease factors

Can you think of any disease or symptoms that you had before might be related with this cancer? How long have you had these symptoms : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Environmental factors ( You can choose multiple)

   Your health may have been affected in the past:

□ Living environment □ Climate (haze, or other: \_\_\_\_\_\_\_\_\_\_\_\_)

□ Social and cultural environment (including workplace) □ Family and human environment

3) Emotional factors (You can choose multiple)

What is your personality : □ Happy and cheerful □ Melancholy □ Easy to get angry □ Easy to be sad

What kind of emotion do you think may have affected you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4) Dietary factors (You can choose multiple)

You dietary history: □ Dietary irregular □ Meat-based □ Vegetarian-based □ Prefer hot food

□Prefer cool food

What diet related factors might affect your health and the reasons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5) Lifestyle factors (You can choose multiple)

History: □Stay up late □ Hard working □ Less exercise □ No exercise □ Have a nap after lunch □ Never take a nap after lunch

6) Genetic factors

Do you have any family have history of cancer?

□ Not sure

□Yes / Please list your family history: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Appetite, Weight, Sleep**

1) Appetite

□ Appetite is basically normal

□ No appetite, fell uncomfortable after eat or vomit

□ Appetite is good, but don’t want to eat due to bloating after eating

□ Deceased appetite, about one third of intake compared with before

□ Deceased appetite, about 50 % of intake compared with before

* Appetite is slightly reduced

2) Weight

Weight before the illness: ( ) lb

Current weight: ( ) lb

3) Sleep

□ sleep is normal

□Sleep well before the illness

* Poor sleeping before the illness

□ If you are sleeping poorly, what best describe the problem:

* Difficult to fall asleep
* Fall asleep well, but easy to wake up

□ Difficult to fall asleep and wake up easily

* What might affect your sleeping :

**3. Clinical type**

1) Gas stagnation pathology

□ Feel full in stomach (stomach nausea)

□ Feel full in stomach and aggravated after eating

□ Whole abdominal fullness

□ Whole abdominal fullness and pain

□None of the above

**Do you have the following symptoms:**

□ Helium ( easy to belching ): □ Frequent □ Sometimes □ Rarely

□ Sigh (easy to sigh): □ Frequent □ Sometimes □ Rarely

□ Hiccup (the sound of diaphragm cramp): □ Frequently □ Sometimes □ Rarely

□ Which part of the body is bloated, please list the specific location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Blood stasis pathology

□ Mild pain (grade 1-3), can be tolerated without medicine

□ Moderate pain (grade 4-6), oral painkillers required

□ Severe pain (grade 7-8), requiring morphine preparation

□ The heaviest pain (grade 9-10), requiring large doses of morphine, or intramuscular/venous morphine

* None of the above

The following is filled out by your doctor according to your tongue image:

□ Dark tongue

□ Have ecchymoses

Sublingual varicose veins: □ 1 Degree □ 2 Degrees □ 3 Degrees

3) Pathological phenomenon of water retention

□ Mild edema of the lower limbs

□ Moderate edema of lower limbs

□ Severe edema of the lower limbs

□ Limb edema and cum: pleural effusion ascites

□None of the above

4) Heat toxicity pathology (This item is filled in by the doctor of our hospital according to the analysis of the medical examination attachment provided by you)

**Clinical stage**

 □ Hot poison first stage:

 □ Hot poison second stage:

 □ Hot poison third stage:

 □ Hot poison fourth stage:

**Pathological staging:**

□ Hot poison first stage:

* Hot poison second stage:
* Hot poison third stage:

□ Hot poison fourth stage:

5) Qi deficiency pathology

□ Mild fatigue

□ Lacking in strength of walking, sleeping can not ease

* Somnolence, or need crutches to walk
* Need a wheelchair, or difficult to get up in bed

□None of the above

6) Blood deficiency pathology

The following is filled out by the doctors of our hospital according to the relevant images and attached laboratory result provided by you:

□ Pale

□ Pale lips □ Pale fingernails

Eyelids are pale: □1 Degree □2 Degrees □3 Degrees

□ Experimental red blood cells, hemoglobin, etc. decline

Tongue situation: □ Pale tongue

7) Pathological observation of Yin deficiency

□ Dry mouth, thirst would decline after drink a little be water

□ Dry mouth, frequent drinking is difficult to solve your thirst

□ Dry mouth, frequent drinking is difficult to solve your thirst, light dry BM

□ Dry mouth, frequent drinking or do not want to drink water, severe constipation

Tongue situation: □ Less coating □ Light red without coating □ Thin tongue(This will be filled in by the doctor of our hospital)

8) Yang deficiency pathology

□ Cold hands and feet

□ Hands and feet and the whole body are cold

□ Hands and feet and the whole body are cold, and the limbs are mild to moderately edema.

□ Hands and feet and the whole body are cold, limbs edema , pleural effusion or ascites

**C. Related images and medical examination data you need to provide**

**1 Related images**

1) Tongue: Under natural light or sunlight, the patient naturally sticks out the tongue and takes a

picture; then lifts the tip of the tongue naturally and takes a photo of the tongue.

2) Face Picture, lip color: take a photo of your face

3) Fingernails: put your left and right hands naturally stretched,

take a picture of the first half of your hand including the nail

4) Eyelids: The photographer opens the patient's lower eyelids and takes a photo. Take pictures of both lower eyelids

**2 Medical examination data**

Provide the latest X-ray (including CT, MRI, etc.), laboratory inspection data, etc. It can be a report or an attached image.

Note: This form and data can be sent to the following email address or WeChat:

Mainland China: hope@consotherapy.com.cn

Other regions: consotherapy@gmail.com