

531 E A St. Ste 100B, Jenks, OK 74037

Tel: (918) 995-1100

Patient ☒ Parent ☐ Guardian ☐

Last Name: [REDACTED] First Name: [REDACTED] MI: [REDACTED]

Date of Birth: 10/22 (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: [REDACTED]

Email: [REDACTED] Height: 5'7" Weight: 160 lbs.

Children (Age & Gender): N/A

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

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

① menstrual bleeding x 45(+) days, heavy bright blood with large clots about half-dollar sized, painless, non cramping, dizziness, weakness

- sinus congestion / sore throat / fatigue, dizziness, fatigue
- painful BM & anal fissure d
- chronic asthma
- hemorrhoids x years off & on, worse recently
- chronic neck

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)

Dulera 100 inhaled steroid mineral balancing protocol Peramide -1-1-1

herbs { wu shi gardens - immune megapan 1-1-1 paramin 2-2-2

{ wu shi gardens - respiratory Thyrocomplex 1-1-1

{ wu shi gardens - flow stopper Zinc - 1-0-0

{ wu shi gardens - sinus Kelp 2-2-2

cracked cell cholera GB3 -1-1-1

Allergies (to medications, chemicals or foods): N/A

III. Lifestyle

1. What is your occupation? [REDACTED] How many hours do you work weekly? 40

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

Coffee 1 Tea 1 Soft drinks X Alcohol X Water 8 Cigarettes, cigars, or other tobacco X

3. Do you have a known history of any exposure to toxic substances? Yes ☒ No ☐

- aluminum detox eliminated massive ammts last 2 yrs

- darkroom chemical exposure

4. Please describe your current exercise regimen: Hours per week: 5 Activities: walking

5. How many hours of sleep do you usually get per night? 8+

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? N/A

6. Frequency of bowel movement: 2 per day or _____ per week

What is the color of stool? brown

For Women:

1. Age: First period 12 Menopause: Yes ☐ No ☒ 45+ days of

Normally a) Average number of days of flow: 5 days The flow is: Normal ☒ Heavy ☐ Light ☐ heavy clt

c) The color is: Normal ☒ Dark ☐ Purple ☐ Light Brown ☐ Brown ☐ from bright

d) Time between periods: 25 Days to dark red

2. Are you pregnant now? Yes ☐ No ☒ Unsure ☐ blood

3. Indicate number of occurrences: Live Births N/A Pregnancies N/A

4. Dates: Last Pap Smear 3 y ago (dd/mm/yyyy) Last Mammogram N/A (dd/mm/yyyy)

For Men:

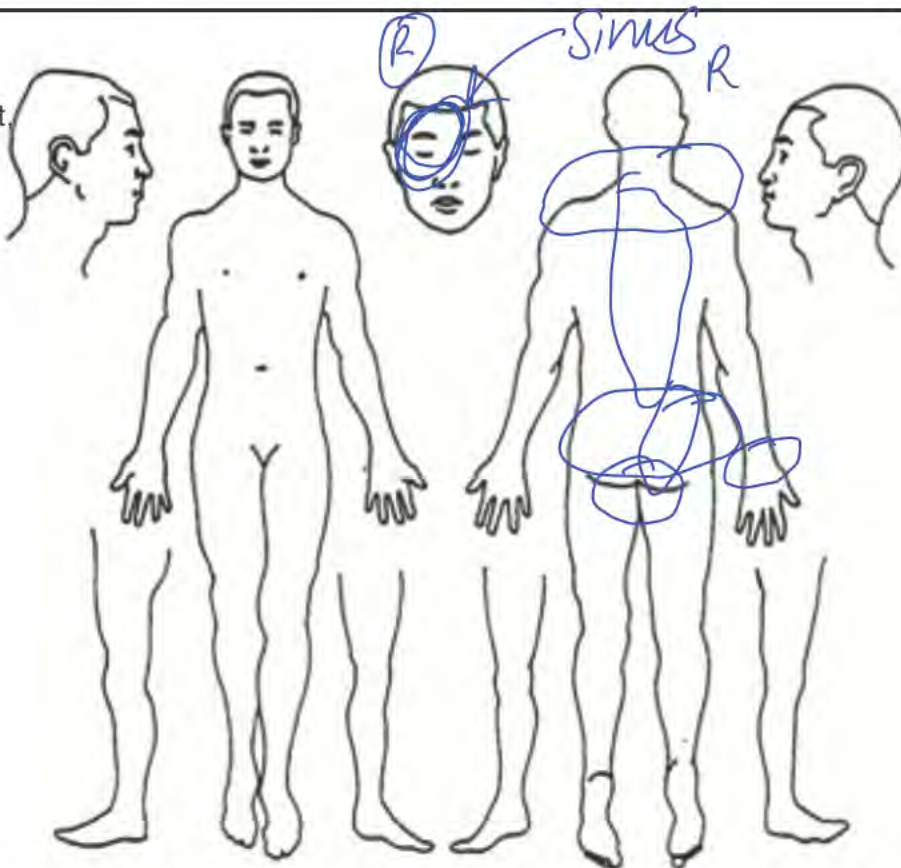
Do you have any bothersome urinary, genital, or sexual symptoms? Yes ☐ No ☐

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.

1. neck and shoulder pain/discomfort - D
2. low back (R) SI pain - D
3. Sinus pressure - T2
4. anal fissure - S2 E BM

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

Head (Face and Eyes)			Thoracic Spine			Wrist and Hand					
☒	☒	R51	Headache	☐	☐	M54.6	Pain in thoracic spine	☐	☐	M79.641	Pain in right hand
☐	☐	G43.111	Migraine with aura	☐	☐	M20-M25	Pain in unspecified joint (spine, thoracic)	☐	☐	M79.642	Pain in left hand
☐	☐	G43.011	Migraine without aura	☐	☐		M79.644	Pain in right finger(s)			
☐	☐	G43.711	Chronic migraine without aura	☐	☐	M47.814	Thoracic spondylosis without myelopathy	☐	☐	M79.645	Pain in left fingers(s)
☐	☐	G43.911	Migraine, unspecified	☐	☐		M70.11	Bursitis right hand			
☒	☒	J34.89	Other disease of nasal cavity and sinuses (pain)	☐	☒	S29.012A	Strain of muscle and tendon of back wall of thorax initial encounter	☐	☐	M70.12	Bursitis left hand
☐	☐	H92.09	Otalgia, unspecified ear (ear pain)	Lower Back (lumbosacral)			☒	☐	M25.631	Stiffness of right wrist, not elsewhere classified	
☐	☐	R68.84	Jaw pain	☐	☒	M54.5	Low back pain (lumbago)	☐	☐	M25.632	Stiffness of left wrist, not elsewhere classified
☐	☐	Z98.89	Other specified postprocedural states (dental with pain)	☐	☐	M54.41	Lumbago with sciatica, right side				
				☐	☐	M54.42	Lumbago with sciatica, left side	Knee and Thigh			
Neck				☐	☐	M54.31	Sciatica, right side	☐	☐	M25.561	Pain in right knee
☒	☒	M54.2	Cervicalgia (Neck pain)	☐	☐	M54.32	Sciatica, left side	☐	☐	M25.562	Pain in left knee
☒	☒	M25.50	Pain in unspecified joint (spine, cervical)	☒	☒	M25.50	Pain in unspecified joint (spine, lumbar or lumbosacral)	☐	☐	M79.651	Pain in right thigh
☐	☐	R07.0	Pain in throat	☐	☐	M54.89	Other dorsalgia	☐	☐	M79.652	Pain in left thigh
☐	☐	M50.31	Cervical disc degeneration occipito-atlanto-axial region	☐	☐	S33.5XXA	Sprain of ligaments of lumbar spine, initial encounter	☐	☐	M79.661	Pain in right lower leg
☐	☐	M50.32	Cervical degeneration mid-cervical	☐	☐	M25.551	Pain in right hip	☐	☐	M79.662	Pain in left lower leg
☐	☐	M50.33	Cervical disc degeneration cervicothoracic region	☐	☐		M25.552	Pain in left hip	☐	☐	M70.51
☐	☐	M47.813	Thoracic spondylosis without myelopathy or radiculopathy cervicothoracic region	☐	☐	M25.651	Stiffness of right hip, not elsewhere classified	☐	☐	M70.52	Other bursitis of knee, left knee
☐	☐	M47.814	Thoracic spondylosis without myelopathy or radiculopathy thoracic region	☐	☐	M25.652	Stiffness of left hip not elsewhere classified	☐	☐	M25.461	Effusion (swelling), right knee
☐	☐			☐	☐	M25.451	Effusion (swelling), right hip	Ankle and Foot			
☐	☐			☐	☐	M25.452	Effusion (swelling). Left hip	☐	☐	M25.462	Effusion (swelling), left knee
☐	☐			☐	☐	S33.8XXS	Sprain of other parts of lumbar spine and pelvis, sequela	☐	☐	M25.661	Stiffness of right knee not elsewhere classified
☒	☒	Shoulder		☐	☐	Abdomen		☐	☐	M25.662	Stiffness of left knee, not elsewhere classified
☒	☒	M25.511	Pain in right shoulder	☐	☐	Abdomen		☐	☐	M25.579	Pain in unspecified ankle and joints of right foot
☒	☒	M25.512	Pain in left shoulder	☐	☐	R10.11	Right upper quadrant pain	☐	☐	M25.672	Pain in unspecified ankle and joints of left foot
☐	☐	M75.51	Bursitis of right shoulder	☐	☐	R10.12	Left upper quadrant pain	☐	☐	M79.671	Pain in right foot
☐	☐	M75.52	Bursitis of left shoulder	☐	☐	R10.31	Right lower quadrant pain	☐	☐	M79.672	Pain in left foot
☐	☐	M79.601	Pain in right arm	☐	☐	R10.32	Left lower quadrant pain	☐	☐	M79.674	Pain in right toe(s)
☐	☐	M79.602	Pain in left arm	☐	☐	R10.84	Generalized abdominal pain, Abdominal pain, other specified site (multiple sites)	☐	☐	M79.675	Pain in left toe(s)
☐	☐	M79.621	Pain in right upper arm	☐	☐		M25.471	Effusion (swelling), right ankle			
☐	☐	M79.622	Pain in left upper arm	☐	☐		M25.472	Effusion (swelling), left ankle			
☐	☐	M25.611	Stiffness of right shoulder, not elsewhere classified	☐	☐		M25.474	Effusion (swelling), right foot			
☐	☐	M25.612	Stiffness of left shoulder, not elsewhere classified	☐	☐	M25.521	Pain in right elbow	☐	☐	M25.475	Effusion (swelling), left foot
☐	☐	M25.419	Effusion (swelling), unspecified shoulder	☐	☐	M25.522	Pain in left elbow	☐	☐	M25.671	Stiffness of right ankle, not elsewhere classified
☐	☐	M25.411	Effusion (swelling), right shoulder	☐	☐	M25.531	Pain in right wrist	☐	☐	M25.672	Stiffness of left ankle, not elsewhere classified
☐	☐	M25.412	Effusion (swelling), left shoulder	☐	☐	M25.532	Pain in left wrist				
☐	☐	S43.50XA	Sprain of unspecified acromioclavicular joint, initial encounter	☐	☐	M79.631	Pain in right forearm	Pain - Acute and chronic			
☐	☐			☐	☐	M79.632	Pain in left forearm	☐	☐	G89.0	Central pain syndrome
☐	☐			☐	☐	M70.21	Olecranon bursitis, right elbow	☐	☐	G89.11	Acute pain due to trauma
☐	☐			☐	☐	M70.22	Olecranon bursitis, left elbow	☐	☒	G89.21	Chronic pain due to trauma
☐	☐			☐	☐	M25.421	Effusion (swelling), right elbow	☐	☒	G89.29	Other chronic pain
☐	☐			☐	☐	M25.422	Effusion (swelling), left elbow	Respiratory			
☒	☒	Muscle		☐	☐	M25.431	Effusion, right wrist (forearm)	☐	☐	R05	Cough
☐	☒	M79.1	Myalgia	☐	☐	M25.432	Effusion, left wrist (forearm)	☐	☐	R07.0	Pain in throat
☐	☐	M79.7	Fibromyalgia	☐	☐	M25.621	Stiffness of right elbow, not elsewhere classified	☐	☒	J45.20	Intrinsic asthma, unspecified (mild intermittent asthma, uncomplicated)
☐	☐	Nausea		☐	☐	M25.622	Stiffness of left elbow, not elsewhere classified	☐	☐	J45.991	Cough variant asthma
☐	☐	R11.0	Nausea	☐	☐			☒	☐	J45.998	Other asthma
☐	☐	R11.11	Vomiting without nausea	☐	☐			☐	☐		

NIA
VI. Recent Hospitalizations / Surgical History

- Sinus surgery 2020 Date 2020
 - foreign body removal of heel Date 2021
 _____ Date _____

Other relevant information:

I've had years of holistic care, acupuncture, herbs, mineral balancing, healing protocols, therapy, emotional clearing, exercise regularly and I'm so surprised at how many health challenges I've had & continue to have

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: _____

Client's Signature: _____ Date: 10/6/26

For Office's Use Only

Treatments: Acupuncture	Duration:		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 ☐				