1. Patient Information / 患者信息

Name / 姓名 | Date of Birth / 出生日期 | Phone / 电话 | Email / 邮箱

Address / 地址

2. Chief Complaint / 主要问题

What brings you in today? / 今天主要希望解决什么问题？

Duration / 持续时间 ☐ Days / 天 ☐ Weeks / 周 ☐ Months / 月 ☐ Years / 年

3. Pain / Symptom Assessment / 症状评估

Pain level / 疼痛程度 (0-10)

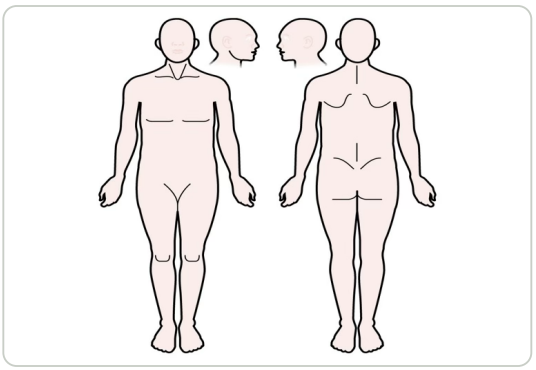
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Location(s) / 部位

Type / 性质

☐ Sharp / 刺痛 ☐ Dull / 钝痛
☐ Aching / 酸痛 ☐ Burning / 灼热
☐ Numbness / 麻木 ☐ Stiffness / 僵硬

Mark or circle the painful area / 请圈画具体疼痛位置



4. Medical Safety Screening / 安全筛查

☐ Pregnancy / 怀孕
☐ Heart disease / 心脏病
☐ Seizure disorder / 癫痫
☐ Blood thinners / 服用抗凝药
☐ High blood pressure / 高血压
☐ Diabetes / 糖尿病
☐ Bleeding disorder / 出血性疾病
☐ None / 均无

5. Medical Devices / Metal Implants / 医疗植入物

☐ Pacemaker / Defibrillator / 心脏起搏器或除颤器
☐ IUD / 宫内节育器 ☐ None / 无 Other / 其他
☐ Metal implants / 金属植入物

6. Current Medications / 当前用药

Prescriptions and supplements / 处方药及补充剂

☐ Pain / 疼痛 ☐ Blood pressure / 血压 ☐ Diabetes / 糖尿病 ☐ Heart / 心脏 ☐ Anxiety/Sleep / 焦虑睡眠 ☐ Hormonal/GYN / 激素妇科

7. Previous Treatment / 既往治疗

☐ Acupuncture / 针灸 ☐ Physical therapy / 物理治疗 ☐ Chiropractic / 整脊 ☐ Injections / 注射 ☐ Surgery / 手术 ☐ Medication only / 仅用药 ☐ None / 无

Helpful? / 是否有效 ☐ Yes / 是 ☐ No / 否 ☐ Somewhat / 部分有效

8A. Impact on Daily Life / 日常影响

☐ Sleep / 睡眠
☐ Exercise / 运动
☐ Daily activities / 日常活动
☐ Work / 工作
☐ Mood/Stress / 情绪压力

8B. Treatment Goals / 治疗目标

☐ Pain relief / 缓解疼痛
☐ Sleep / 改善睡眠
☐ Recovery / 康复
☐ Improve mobility / 改善活动度
☐ Stress reduction / 减轻压力
☐ General wellness / 整体健康

9. Insurance Information / 保险信息

Employer / 工作单位

Coverage and payment are determined by the insurance plan; providing information does not guarantee payment.
保险公司决定承保及赔付，提供资料不保证付款。

Primary Insurance / 主要保险

Insurance Company / 保险公司 | Member ID / 会员号码 | Group No. / 团体号码

Secondary Insurance / 第二保险

Insurance Company / 保险公司 | Member ID / 会员号码 | Group No. / 团体号码

Treatment received this calendar year - check and enter visits / 本年度接受过的治疗（勾选并填写次数）

☐ Acupuncture / 针灸 ☐ PT / 物理治疗 ☐ D.C. / 整脊

Billing Method / 结算方式

☐ Insurance Billing / 保险结算 ☐ Self-Pay / Cash / 自费结算

Select one method before treatment; it cannot be changed after services are rendered. 须在治疗前选择，治疗完后不可更改。

Insurance Billing / 保险结算

- The clinic will submit claims using the insurance information available.
  诊所将根据现有保险信息提交理赔申请。
- Payment is determined by the insurer and is not guaranteed.
  是否赔付及金额由保险公司决定，诊所不作保证。
- The patient is responsible for deductibles, copays, coinsurance and non-covered services.
  患者须承担自付额、共付额、共同保险及不承保费用。

Self-Pay / Cash / 自费结算

- Self-pay visits are charged at the clinic's current self-pay rate.
  选择自费结算时，费用按诊所当时有效的自费标准收取。
- When self-pay is selected on this form, the clinic does not submit insurance claims on the patient's behalf.
  本表选择自费结算后，诊所不代患者向保险公司提交理赔申请。
- Billing options may be discussed with the front desk before treatment.
  如对结算方式有疑问，可在治疗前咨询前台。

Financial Responsibility / 患者财务责任

- Insurance benefits are estimates only.
  保险福利信息仅为预估，并非最终保险责任。
- The amount collected at the time of service may be an estimated patient responsibility and is not the final amount.
  就诊当日收取的金额可能为预估患者应承担费用，并非最终金额。
- If insurance denies or does not cover a service, the patient's financial responsibility is based on the clinic's standard billed charges submitted to the insurer, subject to applicable law and payer contracts. Self-pay rates do not apply to services billed through insurance.
  如果保险拒付或不承保某项服务，患者的财务责任将以诊所向保险公司提交的标准账单收费为依据，并受适用法律及付款方合约约束。通过保险结算的服务不适用自费收费标准。
- Amounts not paid by insurance may become the patient's responsibility.
  保险未支付的金额可能计入患者应付余额。
- Overpayments are refunded; any remaining balance is shown on the patient's statement.
  多收款项将予以退还；未付余额将列于患者账单中。

Superbill Request / 医疗费用证明申请

A superbill is available on request; it reflects actual services/charges, does not guarantee reimbursement, and is submitted by the patient.
可按需申请；Superbill 反映实际服务与收费、不保证保险报销，并由患者自行提交。

☐ Yes / 需要 ☐ No, not at this time / 暂不需要

Purpose / 用途（可多选）

☐ Insurance reimbursement / 保险报销 ☐ HSA / FSA
☐ Personal records / 个人记录

Patient Acknowledgment / 患者确认

These policies explain billing responsibilities and do not guarantee insurance coverage or payment.
以上内容用于说明结算及财务责任，不构成保险承保或赔付保证。

☐ I have read, understood and agree / 本人已阅读、理解并同意

Patient Signature / 患者签名 | Date / 日期