



www.TheAcupunctureStudio.com

**Healing based on Simplicity. Pricing based on reality.
Welcome to our community!**

Thanks for coming in! We look forward to working with you. Community Acupuncture is a unique experience, so please take a few minutes to read this packet and fill out our health history questionnaire.

Why does Community Acupuncture work?

- 1. Frequent Treatments**
- 2. Sliding Scale**
- 3. Community Setting**
- 4. Commitment from us and Commitment from you.**

Let us explain...

- 1. Frequent Treatments.** Acupuncture is a PROCESS. Healthy changes happen over time, and acupuncture is no exception. Although individual situations will vary, you can generally expect to see progress as demonstrated by this chart.

Being Treated For:	Example of Conditions	Treatment frequency	For how long:
Very Severe Discomfort	Acute back sprain, Daily migraines	Daily until change in condition	For several days
Serious Discomfort	Sprained ankle, acute digestive distress	Every other day until change in condition	A week or two
Moderate Discomfort	Knee pain while running, poor sleep	Twice weekly until change in condition	Over several weeks
Working on a Health milestone	Trying to get pregnant overcoming allergies	Twice weekly until change in condition	Over several weeks
Ongoing Episodic Condition	Occasional insomnia PMS	Weekly + as-needed for acute pain	Over a few months
Support for chronic issues	Stress, work-related Issues, chronic illness	Weekly	Ongoing/ as needed
General health	Life!	Weekly or bi-monthly	Ongoing/ as needed

These are only generalizations; talk with your acupuncturist to find the best routine for you.

2. **Sliding scale.** We have a sliding scale of \$15-\$35. You decide what you can afford, and there is never any need to prove your income. The chart below has suggested guidelines, but they are only suggestions. **The “right” amount to pay is whatever will allow you to come often enough to feel better (see above chart).** There is a one-time additional \$10 paperwork fee for your first appointment. Because of our sliding scale, we don’t do insurance billing; we’d rather let you decide how much to pay and how often to come, not the insurance company. We exist because our patients pay for their visits-Thank you! (We are happy to give you a receipt to give to your insurance company, Flex plan, etc.)

Income	First appointment of week	Additional appointments of same week
Under \$25,000	\$15	\$15
\$25,000-\$30,000	\$20	\$15
\$30,000-\$40,000	\$25	\$20
\$40,000-\$55,000	\$30	\$20
\$55,000+	\$35	\$25

*Note: There is an additional \$10 fee for the first treatment. *

3. **Community Setting.** In our clinic, treatments take place on recliners and tables in a large common room. It’s a set-up that is not only surprisingly relaxing, but it is also practical; we can treat several people in the same hour and reduce the cost of your visit, and you can bring friends and family to the same visit! We encourage you to bring a personal CD or MP3 player, blankets or pillows to make you feel more comfortable (we have blankets and pillows as well). Although we work in a community space, as medical professionals we always adhere to strict standards of patient confidentiality, and ask our patients for the same common respect.
4. **Commitment from us and commitment from you.** We really want you to get better. We will do everything we can to use acupuncture to help you reach your health goals. We also promise to let you know as early as possible if acupuncture doesn’t seem to be a good fit for you. What we ask in return is that you stay committed to your plan of feeling better, have patience...and have fun.

ONE MORE THING...WE WANT YOU TO HAVE FREE TREATMENTS...

We are always looking for things that will help our patients, our business and the environment. So, we give our patients the option to bring in their own sheet! If you do so, **we will give you a free treatment after bringing it in 10 times.** Just another example of us all working together to make a good situation better.

ACUPUNCTURE STUDIO CANCELLATION POLICY

**The Acupuncture Studio requires 24 hours notice for any cancellation, or you will be charged for the appointment. **

I have read and understand the Acupuncture Studio’s welcome page and cancellation policy.	
Name _____	Date _____



HEALTH HISTORY FORM
 WWW.THEACUPUNCTURESTUDIO.COM

PATIENT INFORMATION	CONTACT INFORMATION
Date _____ Name _____ Address _____ City State Zip _____ Age _____ Birth Date _____ Occupation _____ Company Name _____ Primary Physician _____ Physician Phone Number _____ How did you hear about us? _____ _____ _____	Home phone _____ Work Phone _____ Other/cell Phone _____ Please circle the best phone to reach you for scheduling issues. May we leave messages? Yes/No E-mail _____ Would you like our Acupuncture Studio e-mail newsletter? Yes / No Another Person we may contact if needed: Name _____ Relationship _____ Home Phone _____ Work Phone _____
HEALTH HISTORY	
What are your primary reasons for coming in for treatment? 1. _____ 2. _____ 3. _____ How is your sleep? _____ _____ How is your digestion? _____ _____ List medications/ supplements you are taking: _____ _____ _____ Check illnesses that have occurred in your blood relatives. _Diabetes _High Blood Pressure _Stroke _Cancer _Heart Disease _Kidney Disease _ Other : _____	Check symptoms you have had in the last 3 months: <ul style="list-style-type: none"> <input type="radio"/> Depression <input type="radio"/> Difficulty in focusing <input type="radio"/> Dizziness <input type="radio"/> Easily startled <input type="radio"/> Excessive worry <input type="radio"/> Excessive anger <input type="radio"/> Excessive fear <input type="radio"/> Fatigue/tiredness <input type="radio"/> Headaches <input type="radio"/> Loss of sleep/poor sleep <input type="radio"/> Loss or gain of weight <input type="radio"/> Nervousness/irritability <input type="radio"/> Overwhelmed by life Check conditions you have or have had in the past: <ul style="list-style-type: none"> <input type="radio"/> AIDS <input type="radio"/> Allergies <input type="radio"/> Anemia <input type="radio"/> Arthritis <input type="radio"/> Bleeding Disorders <input type="radio"/> Breast Lump <input type="radio"/> Cancer <input type="radio"/> Diabetes <input type="radio"/> Hepatitis/ Liver Disease <input type="radio"/> How long has it been since you have had a complete medical exam? _____

HEALTH HISTORY...CONTINUED

Please check symptoms you have or have had in the last year:

MUSCLE/JOINT BONE

- Tremors or cramps
- Swollen joints

Pain, weakness or numbness in:

- Arms
- Back/ Hips
- Legs
- Feet
- Neck
- Shoulders
- Other _____

EYES/ EARS/ NOSE/ THROAT/ RESPIRATORY

- Asthma
- Blurred or failing vision
- Difficulty breathing
- Earache
- Enlarged glands
- Eye pain
- Frequent colds
- Hay Fever
- Hoarseness
- Gum Trouble
- Nose bleeds
- Loss of hearing
- Persistent cough
- Ringing in ears
- Sinus problems
- Other _____

SKIN

- Boils
- Bruise easily
- Dry skin
- Itching/rash
- Sensitive skin
- Sore won't heal
- Sweats
- Other _____

GENITO/ URINARY

- Blood/pus in urine
- Frequent urination
- Inability to control urine
- Kidney infection/stones
- Lowered libido
- Other _____

CARDIOVASCULAR

- Chest pain
- Hardening of arteries
- High or low blood pressure
- Pain over heart
- Poor circulation
- Previous heart attack
- Rapid/irregular heart beat
- Swelling of ankles
- Other _____

GASTROINTESTINAL

- Belching, gas or bloating
- Colon trouble
- Constipation
- Diarrhea
- Difficulty swallowing
- Distention of abdomen
- Excessive hunger
- Gall Bladder trouble
- Hemorrhoids (piles)
- Indigestion
- Nausea
- Pain over stomach
- Poor appetite
- Vomiting
- Other _____

FOR MEN ONLY

- Erection difficulties
- Penis discharge
- Prostate trouble
- Other _____

FOR WOMEN ONLY

- Bleeding between periods
- Clots in menses
- Excessive menstrual pain
- Irregular cycle
- Menopausal symptoms
- PMS
- Previous miscarriage
- Scanty menstrual flow
- Other _____

Could you be pregnant? Yes / No

SIGNATURE

The information on this form is correct to the best of my knowledge.

Signature _____

Date _____

Notice of Privacy Policies

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Each time you visit the Acupuncture Studio, a record is made of your visit. This record contains your health history, current symptoms, examination results, oriental medical diagnosis and treatment plans. This information serves as:

- A basis for planning your care and treatment
- A legal document describing the care you received, written in a format appropriate to Acupuncture and Oriental Medicine.
- A tool to assess the appropriateness and quality of the care you receive.

Your rights under Federal Privacy Standard

Although your health record is the physical property of the Acupuncture Studio, you have certain rights with regard to the information contained therein. You have the right to:

- Request restrictions on the use and disclosure of your health information for treatment, payment, and health care operations. Health care operations consist of activities necessary to carry out the operation of the Acupuncture Studio. This right does not include those required by law such as reporting of communicable disease such as tuberculosis.
- You may ask us to communicate with you by alternative means, and, if the method is reasonable, we must grant your request.
- You have a right to receive and keep a copy of this notice of privacy practices. If you do request a copy, the law requires you to acknowledge the receipt of your copy.
- You have the right to inspect and copy your health information upon request.
- You have the right to request a correction of your health information unless we did not create the record or if the record is accurate and complete.
- You have the right to obtain an accounting of non-routine uses or disclosures.
- You have the right to revoke authorization to use or disclose your health information at any time.

Our responsibility, under the Federal Privacy Standard

In addition to providing you with your rights, the federal standard requires the Acupuncture Studio to:

- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
- Provide you with this notice as to our legal duties and privacy practices with respect to individually identifiable health information that we collect and maintain about you.
- Abide by the terms of this practice.
- Train our personal concerning privacy and confidentiality.
- Implement a sanction policy to discipline those who breach privacy/confidentiality policies.
- Lessen the harm of any breach of privacy or confidentiality.

I understand that I have been given, and have the right to review the Acupuncture Studio's Notice of Privacy practices prior to signing this document. The Notice of Privacy Practices is also provided at the front desk This Notice of Privacy Policies also describes my rights and the duties of my practitioners and the Acupuncture Studio with respect to my identifiable health information. The Acupuncture Studio reserves the right to change information contained in the Notice of Privacy Practices at any time. I may obtain a revised Notice of Privacy Practices by requesting the most current notice during any office visit. I understand that there may be other treatment alternatives, including treatment offered by a licensed physician. I have carefully read and understand all of the above information and am fully aware of what I am signing. I understand that I may ask my practitioner for a more detailed explanation. I give my permission and consent to treatment.

Signature of Patient or Representative

Date

Printed Name

Date of Birth

Address