



GOOD MEDICINE COMMUNITY ACUPUNCTURE

FORTMYERSCOMMUNITYACUPUNCTURE.COM

Health History Questionnaire and Registration

Welcome to our clinic!

Please fill out this form, then sign the consent form on the back. We are glad you're here! An acupuncturist will be right with you.

PATIENT INFORMATION	CONTACT INFORMATION
Name _____ Pronouns _____ Address _____ City State Zip _____ Age _____ Birth Date _____	Phone _____ Email _____ Occupation _____ How did you hear about us? _____
HEALTH HISTORY	
<p>What are your primary reasons for coming in for treatment? (please indicate a level of discomfort)</p> <p>1 _____</p> <div style="display: flex; justify-content: space-around;"> </div> <div style="display: flex; justify-content: space-around;"> 0 2 4 6 8 10 </div> <p>2 _____</p> <div style="display: flex; justify-content: space-around;"> </div> <div style="display: flex; justify-content: space-around;"> 0 2 4 6 8 10 </div> <p>3 _____</p> <div style="display: flex; justify-content: space-around;"> </div> <div style="display: flex; justify-content: space-around;"> 0 2 4 6 8 10 </div>	<p>List medications or food supplements you are taking.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>List serious illnesses, accidents or surgeries.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

ACUPUNCTURE INFORMED CONSENT TO TREAT

I understand that I am the decision maker for my health care. Part of this office's role is to provide me with information to assist me in making informed choices. This process is often referred to as "informed consent" and involves my understanding and agreement regarding the care recommended, the benefits and risks associated with the care, alternatives, and the potential effect on my health if I choose not to receive the care. Acupuncture is not intended to substitute for diagnosis or treatment by medical doctors or to be used as an alternative to necessary medical care. It is expected that you are under the care of a primary care physician or medical specialist, that pregnant patients are being managed by an appropriate healthcare professional, and that patients seeking adjunctive cancer support are under the care of an oncologist.

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of acupuncture on me (or on the patient named below, for whom I am legally responsible) by the acupuncturist indicated below and/or other licensed acupuncturists who now or in the future treat me while employed by, working or associated with, or serving as back-up for the acupuncturist named below, including those working at the clinic or office listed below or any other office or clinic, whether signatories to this form or not.

I understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, Tui-Na (Chinese massage), Chinese herbal medicine, and nutritional counseling. I understand that the herbs may need to be prepared and the teas consumed according to the instructions provided orally and in writing. The herbs may have an unpleasant smell or taste. I will immediately notify a member of the clinical staff of any unanticipated or unpleasant effects associated with the consumption of the herbs.

I appreciate that it is not possible to consider every possible complication to care. I have been informed that acupuncture is a generally safe method of treatment, but, as with all types of healthcare interventions, there are some risks to care, including, but not limited to: bruising; numbness or tingling near the needling sites that may last a few days; and dizziness or fainting. Burns and/or scarring are a potential risk of moxibustion and cupping, or when treatment involves the use of heat lamps. Bruising is a common side effect of cupping. Unusual risks of acupuncture include nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the clinic uses sterile disposable needles and maintains a clean and safe environment.

I understand that while this document describes the major risks of treatment, other side effects and risks may occur. The herbs and nutritional supplements (which are from plant, animal, and mineral sources) that have been recommended are traditionally considered safe in the practice of Chinese Medicine, although some may be toxic in large doses. I understand that some herbs may be inappropriate during pregnancy. I will notify a clinical staff member who is caring for me if I am, or become, pregnant or if I am nursing. Should I become pregnant, I will discontinue all herbs and supplements until I have consulted and received advice from my acupuncturist and/or obstetrician. Some possible side effects of taking herbs are: nausea; gas; stomachache; vomiting; liver or kidney damage; headache; diarrhea; rashes; hives; and tingling of the tongue.

While I do not expect the clinical staff to be able to anticipate and explain all possible risks and complications of treatment, I wish to rely on the clinical staff to exercise judgment during the course of treatment which the clinical staff thinks at the time, based upon the facts then known, is in my best interest. I understand that, as with all healthcare approaches, results are not guaranteed, and there is no promise to cure.

I understand that I must inform, and continue to fully inform, this office of any medical history, family history, medications, and/or supplements being taken currently (prescription and over-the-counter). I understand the clinical and administrative staff may review my patient records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

I understand that there are treatment options available for my condition other than acupuncture procedures. These options may include, but are not limited to: self-administered care, over-the-counter pain relievers, physical measures and rest, medical care with prescription drugs, physical therapy, bracing, injections, and surgery. Lastly, I understand that I have the right to a second opinion and to secure other options about my circumstances and healthcare as I see fit.

By voluntarily signing below, I confirm that I have read, or have had read to me, the above consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. I agree with the current or future recommendations for care. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

PATIENT NAME:

ACUPUNCTURIST NAME:

(Date)

PATIENT SIGNATURE

X

(Or Patient Representative)

(Indicate relationship if signing for patient)

Welcome to Our Community!

Please take a minute to read this introduction to our clinic and to our community. We are delighted that you are interested in joining us!

- **We treat in a community setting** - All treatments are done in a recliner in a large, quiet, soothing space. Treatments generally last an hour, and most patients will take a nap and wake up feeling refreshed.
- **We have a sliding scale**- We charge an affordable \$20-50 sliding scale, you choose what you're comfortable paying within that range, with an additional \$10 new patient fee on the first visit. Because we have a sliding scale, we cannot do insurance billing (that's the insurance companies' rule). If you have insurance that covers acupuncture, we'll be happy to give you a payment receipt, and you can submit it; that's OK with the insurance companies.
- **GMCA does not provide primary care medicine**- Acupuncture is a wonderful complement to Western medicine, but it is not a substitute for it. If you think you have a problem that is not "garden variety" (meaning, you are worried that you might have a serious infection, a malignant growth, or an injury that won't heal), or if you want someone knowledgeable to go over the details of your medical history with you, you need to see a primary care physician (MD, or DO).
- **The community setting requires some flexibility from you**- We treat in a counterclockwise circle and your chair will always be the next one available. Some chairs are more brightly lit than others, if light at a certain spot will disturb you, please bring sunglasses or an eye cover with you. Occasionally we have a few patients who snore. Other patients who dislike snoring bring earplugs to their treatments. Some of our patients even bring favorite pillows or blankets from home with them, because they prefer theirs to ours. That's fine with us. Basically, we need you to participate in making yourself comfortable in the community room before we arrive to treat you.
- **If you need to leave at a certain time, let us know**- Most treatments last an hour, but if you need to be somewhere at a certain time, we will make sure your needles are pulled promptly.
- **Please remember this is a community healing space**- Please do your best to avoid making loud noises, speaking loudly, or otherwise disrupting other treatments. Cell phones should be on vibrate or turned off. If you answer your phone during treatment, your needles will immediately be pulled and your treatment ended.
- **If you are sick, please reschedule**- If you, or someone in your household, has experienced nausea, vomiting, diarrhea, chills, fever, and/or all over body aches in the last 72 hours, please do not come for treatment. We see a wide variety of patients in the clinic including those who are pregnant, who are undergoing chemo, or are immune compromised. When you are sick, the best thing you can do is rest. We will be available to help you heal once you are starting to feel better.

- **Masks are encouraged at all times in the clinic space-** A surgical mask, KN95, or double layer cloth mask will be required if you are experiencing uncontrolled coughing or sneezing and/or if you are experiencing any new symptoms of illness. If you do not have an appropriate facial covering, one can be provided for you.
- **Scheduling appointments-** Scheduling is preferably done online through our website at fortmyerscommunityacupuncture.com, the service is easy to use and frees up time for us to give more acupuncture treatments. You can always call during business hours to schedule an appointment, and please be sure to leave a message if we're not able to answer right away. We can also schedule chairside if time permits, but please give online scheduling a try, we're pretty sure you'll like it.
- **Canceling appointments-** We understand that life happens, so we do not charge a missed appointment fee. Please just be courteous and let us know if you will be missing your scheduled appointment.
- **Remember, acupuncture is a PROCESS-** We'd love to tell you that you will feel better immediately and never suffer again, but that would be a lie. It is very rare for any acupuncturist to be able to resolve a problem with one treatment. Virtually every patient requires a course of treatment, rather than a single treatment, in order to get what they want from acupuncture. On your first visit, your acupuncturist will suggest a course of treatment, which can be anything from "we'd like to see you once a week for six weeks" to "we'd really like to see you every day for the next four days". This suggestion is based on our experience with treating different kinds of conditions. If you don't come in often enough or long enough, acupuncture probably won't work for you. The purpose of our sliding scale is to help you make that commitment. If you have questions about how long it will take to see results, please ask us, or if you think you need to adjust your treatment plan, please let us know.
- **Please, enjoy the space!** We are glad you are here and look forward to working with you!

Good Medicine Community Acupuncture Staff