

Welcome to Acupuncture for All.

We are delighted that you have decided to get acupuncture with us.

About acupuncture

Acupuncture is very old. While there are many theories, we don't *really know* why it works. We just know it does work. We believe that people should be able to try it, and decide for themselves if they want to use it as part of their health care. We know that improvement of symptoms through acupuncture is a process. The effect of acupuncture is cumulative. Depending on the onset and severity of particular health conditions, you may find relief after the first treatment, or after several continuous treatments. Most people start to notice changes after 4 to 6 treatments. Acupuncture works best when you can commit to a plan.

Being Treated For:	Treatment Frequency	For How Long:
Very Severe Discomfort	Daily until change in condition	For several days
Serious Discomfort	Every other day until change	A week or two
Moderate Discomfort	Twice weekly until change	Over several weeks
Working on a Health Issue	Twice weekly until change	Over several weeks
Ongoing Episodic Condition	Weekly + as needed	Over a few months
Support for chronic issues	Weekly	Ongoing or as needed
General Health	Weekly to monthly	Ongoing or as needed

About the community setting We treat in a shared space, in recliners. You do not need to disrobe. Once you are seated comfortably, we will generally ask you to take off your shoes and socks and to roll your pants up to your knees and your sleeves up to your elbows. After your acupuncturist puts the needles in, your job is to relax and let them work. You can stay as long as you like; most people stay between 45 minutes and an hour. When you are ready to go, just open your eyes and give us a look. We'll come over and take your needles out.

The treatment room is meant to remain a quiet space for you and others to rest, relax, and sleep. Its atmosphere exists through our patients relaxing together. Although community acupuncture takes place in a shared space, as medical professionals we always adhere to strict standards of patient confidentiality, and ask our patients for the same common respect.

While in the treatment room please observe the following:

Make sure you have eaten before coming for treatment.

Turn off your cell phone before entering the clinic and please speak quietly in the treatment room.

Remain seated while your needles are in.

Wait for the acupuncturist to remove your needles and dispose of any needles which may have become dislodged.

Wear shoes when walking through the treatment room.

Thank you for your cooperation.

We are available to listen to any feedback you may have about AFA.

Thank you for coming to Acupuncture for All.

We are happy you are here and hope you enjoy the clinic

ACUPUNCTURE for ALL

PATIENT REGISTRATION and HEALTH HISTORY

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number :(cell/home/other) _____

E-mail: _____

Age: _____ Date of birth _____

Date of last complete medical exam? _____ Do you have a local MD? _____

Please list any current medications you are taking. _____

Do you have a bleeding disorder? _____ Are you taking any blood thinners? _____

De you have diabetes? _____ Are you pregnant? _____ Do you have a pacemaker? _____

Please list major surgeries, accidents or illnesses. _____

Please list the main reasons for today's visit:

1.) _____

2.) _____

When did the symptoms start?

1.) _____

2.) _____

What makes the condition better? What makes the condition worse? What treatments have you tried?

1.) _____

2.) _____

How is your digestion? _____

How is your sleep? _____

How is your energy? _____

Personal Health History

Please *circle* any of the following *that apply you.*

Please mark with an "F" any that apply to **family members.**

Heart disease _____ Heart attack _____ Stroke _____ High Blood Pressure _____

Liver disease _____ Kidney disease _____ Cancer _____ Diabetes _____

Current Symptoms

Please mark if any of the following apply currently or in the last six months have troubled you.

Digestive issues: Constipation, diarrhea, pain, poor digestion, acid reflux, ulcers, IBS, low or excessive appetite, cravings, gas, bloating, fatigue after eating, other.

Respiratory issues: Shortness of breath, cough, wheezing, frequent colds, congestion, asthma, allergies, other.

Chest pain / tightness / pressure

Feeling hot /cold

Rapid or irregular heart beat

Swelling

Dizziness or vertigo

Night sweats or spontaneous sweating

Headaches / migraines

Insomnia

Urinary issues

Stress

OBGYN issues

Depression

Reproductive issues

Anxiety

Cravings

PTSD

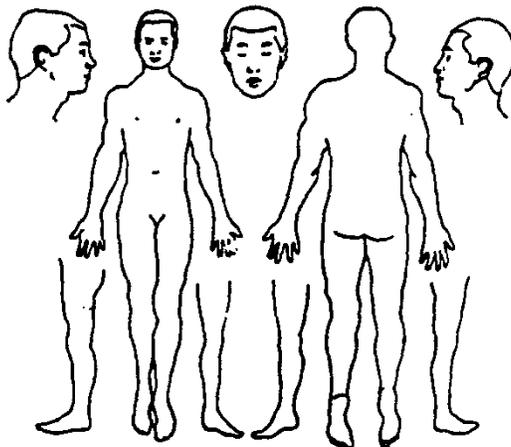
Any other concerns?

Pain, weakness, numbness, tingling, swelling, or lack of mobility in your muscles, joints, bones?

Neck / Shoulder / Back - Upper back – Middle back - Lower back

Arms / legs / hands / feet

Hips / knees /ankles / elbows / wrists



PLEASE let us know how your condition may have changed when you return for treatments.

Also, **it is important** to tell us if you have an acute condition such as a headache, a cold or the flu or other infectious conditions so we can adjust your treatment.

AFA Informed Consent to Acupuncture Treatment

I, the undersigned, hereby request and consent to acupuncture treatment and/or other procedures within the scope of the practice of Oriental Medicine. I am hereby informed that the treatment methods are all generally safe, but there may be some side effects or risks.

Acupuncture involves the insertion of small solid needles into particular points on the body. There are some risks to treatment, including: bruising of the skin and/or slight bleeding, weakness, fainting and, aggravation of symptoms existing prior to acupuncture treatment. There is little to no risk of infection when all needles are sterile. AFA uses only one-time use, sterile disposable needles. We do not reuse needles, even at different areas of the body for the same person.

Results are not guaranteed. Acupuncture is a process, and results will vary.

We do not provide primary care, or Western (allopathic) medical care. Please see your medical doctor for those services and for routine check-ups. If you are pregnant, have a bleeding disorder, pacemaker, high blood pressure, local infection, or have been prescribed anticoagulant medications, by signing below you state that you have informed your acupuncturist of such conditions, and agree to inform your acupuncturist as your condition changes.

I will ask my acupuncturist if I have questions about my treatment or about the risks and benefits of acupuncture.

With this knowledge, I voluntarily consent to the above procedures.

Name _____

Signature _____

Date _____

Signature of Guardian required if patient is less than 18 years old

Acupuncture for All Privacy Policy

In accordance with HIPAA (Health Insurance Portability Assurance Act) regulation and Arizona law, Acupuncture for All takes your right to privacy seriously. We do not disclose any personal, health, financial, or any other information about you, or the services we provide to you to any third parties without your request or permission. This includes online services we provide, including access to your appointment information, user - ID, or password.

Patient's Name _____

Signature _____

Date _____

Acupuncture for All Financial Policy

Fee Schedule:

- \$15-\$45 per treatment
- There is an additional \$10 fee for the first consultation.
- We do not require income verification. You decide what you to pay at each visit. At any time you may change the amount that you pay.
- Payment is expected at the time of your visit.
- We accept checks, cash, Visa, Discover, and MasterCard.
- We are not able to directly bill any insurance plans or other third parties, but will happily provide you a receipt to submit for reimbursement. Just ask.

We reserve an appointment time for you and ask that you call us if you cannot keep your appointment. In consideration, we ask that you give us at least 12 hours notice in advance of an appointment that you will not be able to keep. We understand there are times you may need to reschedule at the last minute, and we understand.

Appointments that are canceled with less than 12 hours notice, or are missed altogether without notification, will be charged a \$15.00 fee payable at the next visit.

By signing below you are stating that you agree to the above policy:

Patient Name: _____

Signature: _____

Date _____