Welcome to our clinic! We are dedicated to offering high quality affordable care. Community acupuncture can be a remarkable experience. Please take some time to review this packet to see how it fits with your health goals.

**Community acupuncture works best when you can commit to a plan**

The table below is an example of how to personalize your care for your health goals. The effect of acupuncture accumulates. 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 is not for everyone. We promise to inform you as soon as possible if acupuncture is not a good fit for you.

|  |  |  |
| --- | --- | --- |
| **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 |

**Community acupuncture works because it’s affordable**

**Our clinic works on a sliding scale of $20-$40 per treatment. (First appointment is an additional $10.)** Within this scale, you decide how much to pay. Our goal is to make it affordable for you to follow through on your treatment plan, so please pay whatever makes you comfortable. We do not require income verification. We do not accept insurance. However, the cost of our visits are lower than the usual insurance co-pay.

**Community acupuncture works because it occurs in a relaxing group setting**

In the community treatment room, everyone shares the common goal of healing, which can have surprising effects! Community acupuncture can be a healing experience you can share because you can bring your friends and family to the same visit. You can make the visit your own by bringing in your own music, blankets, and pillows (we can provide them as well). 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.

**New Patient Intake Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient Information** | | | | | | | | | | | | |
| Name | | | | | | | Date of Birth | | | | | |
| Address | | | | | City | | | | | State | | Zip |
| Home | | | Work | | | | | | | Cell | | |
| Please circle preferred phone number | | | | | | | | | Okay to leave message? Yes No | | | |
| Email address | | | | | | | | | | | | |
| I prefer to be contacted by phone email | | | | | | Would you like to receive our e-newsletter? Yes No | | | | | | |
| Employer/School Name | | | | | | | | | | Occupation | | |
| Emergency Contact—Name Phone | | | | | | | | | | | | |
| Primary Care Provider | | | | | | | Provider’s Phone | | | | | |
| Referred by: Web Friend Relative Physician Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| **Health Information** | | | | | | | | | | | | |
| Main goals/reasons for acupuncture treatment | | | | | | | | | | | | |
| Past Medical History | | Hospitalizations | | | | | | | | | | |
| Significant Diagnoses | | | | | | | | | | | | |
| Significant Traumas or Injuries | | | | | | | | | | | | |
| Medications or Supplements you are taking | | | | | | | | | | | | |
| Allergies | | | | | | | | | | | | |
| Review of Systems | | Please check all symptoms you have experienced in the last year. | | | | | | | | | | |
| Anxiety | Frequent Colds | | | Ringing Ears | | | | Nausea | | | Kidney stones | |
| Depression | Cough | | | Headache | | | | Indigestion | | | Low libido | |
| Fatigue | Difficulty breathing | | | Dry eyes/mouth /skin | | | | Belching/Gas  Bloating | | | Frequent urination | |
| Pain | Sinus Issues | | | Chest pain | | | | Constipation | | | Dizziness | |
| Poor Sleep | Allergies/Asthma | | | Palpitation | | | | Diarrhea | | | Seizure | |
| Fever/Chills | Hearing Loss | | | Swelling | | | | Abdominal pain | | | Tremor | |
| Weight Gain/Loss | Vision Loss | | | Poor appetite | | | | Incontinence | | | Weakness | |
| Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **For women only:** Irregular cycles menstrual pain Hot flashes/night sweats PMS Infertility  Is there any chance you could be pregnant today? Yes No  **Comments** | | | | | | | | | | | | |

I have read and understand Ann Arbor Community Acupuncture’s welcome page. The information on this form is correct to the best of my knowledge.

Patient/Representative signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notice of Privacy Policy**

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 Ann Arbor Community Acupuncture (AACA), 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 Ann Arbor Community Acupuncture, you have certain rights with regard to the information contained therein. You have the right to:

* Request restrictions on the use and disclosure of you health information for treatment, payment, and health care operations. Health care operations consist of activities necessary to carry out the operation of Ann Arbor Community Acupuncture. 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 the 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 AACA 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 personnel 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 AACA’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 AACA with respect to my identifiable health information. AACA 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.

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