

## **New Patient Registration & Health History**

Today's Date: \_\_\_\_\_ Legal Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Preferred Pronoun (circle): He/She/They-Them

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Have you had acupuncture before? \_\_\_\_\_

Do you have access to primary medical care? \_\_\_\_\_

Please list the 3 primary reasons you are seeking treatment:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

How is your sleep? \_\_\_\_\_ How is your digestion? \_\_\_\_\_

Major Illnesses/Accidents/Surgeries: \_\_\_\_\_

\_\_\_\_\_

Current Medications/Supplements you take: \_\_\_\_\_

\_\_\_\_\_

Could you be pregnant? \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Financial Policy**

Helena Community Acupuncture is a low cost, high volume community acupuncture clinic. Our fees are \$15-\$35 per treatment. You decide what you can pay at each visit. We will never ask for income verification and trust that you know best what you can afford to pay for your treatment. We make every attempt to make acupuncture available to as many people as possible at the most affordable rates. This is our mission. Payment is expected at the time of your visit. We accept cash, checks, and all major credit cards. We ask that you be prepared to pay each time you come in for treatment – you may change the amount you pay (up or down on the sliding scale) at any time. If you need a receipt to submit to your insurance, please let us know. When you schedule an appointment, we reserve that time for you. We ask for at least 12 hours notice if you are unable to keep a scheduled appointment. We have a \$15 fee for a late cancel/no show that will be charged at the next appointment. We of course understand that emergencies happen and are willing to consider this on a case to case basis. Thanks for understanding and helping us keep our fees as low as possible.

I agree to the above policy.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Informed Consent**

Acupuncture involves the insertion of special needles into specific points on the body. The purpose of this treatment is to prevent or reduce pain and to help your body function better. There are some risks to treatment, including bruising of the skin and/or slight bleeding, numbness or tingling near the needle site that may last a few days, weakness, fainting, and aggravation of symptoms existing prior to acupuncture treatment. There is little to no risk of infection when all needles are sterile. HCA uses only one-time use, sterile disposable needles. We do not reuse needles, even at different areas of the body for the same person. 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 anti-coagulant medications like Coumadin, by signing below you state that you have informed your acupuncturist of such conditions. With this knowledge, I voluntarily consent to the above procedures.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_