

SOUTH AUSTIN COMMUNITY ACUPUNCTURE

321 W. BEN WHITE BLVD • AUSTIN, TEXAS 78704 • (512)707-8330

Welcome! Please read this brief introduction to the clinic...

When you get acupuncture at South Austin Community Acupuncture you are not just a patient, you are a participant.

We are one of many clinics around the country in recent years to address the issue of affordability and access to acupuncture by offering **treatment in a group setting with a sliding pay structure**. Treating in a group setting is actually a very traditional way of providing acupuncture, so we're kind of shining a new light on a very old way of doing things.

Community acupuncture is community *supported* acupuncture (we don't receive any grants or other funding to do what we do), and by supporting this clinic, you are participating in making the benefits of acupuncture accessible to more people than previously possible. You are also participating in receiving acupuncture in the context of a community of other people who, like yourself, have come to acupuncture because they need help with something. We are, after all, all in this together. Thanks for being here.

- Cell phones must be turned off in the clinic.
- Plan to be at the clinic for about 90 minutes. Follow up treatments may not take as long. While typically a treatment lasts about an hour, we'll leave you as long as you look like you're resting soundly. So please give us a sign if you're done - or be sure to let us know if you need to be out by a certain time.
- Please do not wear cologne, perfume, or scented lotions. Many people are sensitive to smells. Also, please don't wear oils on your skin or hair when you come, as it ruins our sheets.
- Please eat a little something beforehand. Acupuncture is not recommended on an empty stomach.
- Wear loose, comfortable clothing with sleeves that can be rolled up to the elbows and pants that can be rolled up to the knees.
- Please be considerate of others in the group treatment room. Quiet is appreciated. Most people fall asleep when they get acupuncture. Some people snore, so if you are sensitive to sounds you might want to bring some earplugs.

Select how much you pay -----▼

If your income is:	We suggest you pay:	CHECK ONE
< \$20,000/yr	\$15	<input type="checkbox"/>
\$20,000 - \$25,000/yr	\$20	<input type="checkbox"/>
> \$25,000 - \$30,000/yr	\$25	<input type="checkbox"/>
> \$30,000 - \$40,000/yr	\$30	<input type="checkbox"/>
> \$40,000/yr	\$35	<input type="checkbox"/>

Cancellation policy agreement: If you have an appointment scheduled and you don't show up and don't call us prior to the appointment to let us know you won't be coming, you will be charged a missed appointment fee of \$20.

I have read and agree to the above:

Signature of patient or guardian

Date

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PATIENT REGISTRATION AND HEALTH HISTORY

Patient Information	Contact Information
Today's Date ____ / ____ / ____ Name: _____ Address: _____ City, State, Zip _____ Age: ____ Date of Birth ____ / ____ / ____ Height: ____' ____" Weight: _____ Relationship Status: Live w/other(s) Live alone Single Married Separated Divorced Widowed Occupation: _____ Employer: _____	Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____ In case of emergency notify: _____ Relation: _____ Phone: _____ Patient's Representative: _____ (if under 18 or otherwise requiring guardianship) Relation: _____

Who is your doctor or other primary care provider: _____

Have you tried acupuncture before? Yes No

How did you find us?

YOUR HEALTH CONCERNS: WHY ARE YOU COMING FOR TREATMENT?

List any hospitalizations, surgeries, major injuries, or trauma: What and when?

CURRENT MEDICATIONS AND SUPPLEMENTS:

FAMILY HISTORY: INDICATE ANY RELATIVES AFFECTED BY THE FOLLOWING:

- Epilepsy/Seizures
- Anemia
- Bleeding or hemorrhage
- Heart disease
- Diabetes
- HIV+
- Hepatitis A/B/C
- Thyroid disorder
- Asthma
- Pneumonia
- Bronchitis
- Tuberculosis
- Chicken Pox
- Cancer
- Emotional imbalance
- Addiction
- Other _____

YOUR HISTORY: DO YOU HAVE A HISTORY OF ANY OF THE FOLLOWING:

- Epilepsy/Seizures
- Anemia
- Bleeding or hemorrhage
- Heart disease
- Diabetes
- HIV+
- Hepatitis A/B/C
- Thyroid disorder
- Asthma
- Pneumonia
- Bronchitis
- Tuberculosis
- Chicken Pox
- Cancer
- Emotional imbalance
- Addiction
- Other _____

PATIENT PROFILE: Please check any that apply to you

LIFESTYLE:

- EXERCISE REGULARLY
- EAT MUCH FRIED FOODS
- EAT MUCH MEAT
- EAT A LOT OF SWEETS
- VEGETARIAN
- DRINK ALCOHOL
- DRINK COFFEE
- SMOKE CIGARETTES
- USE DRUGS

GASTRO-INTESTINAL:

- EXCESSIVE APPETITE
- LOW APPETITE
- FATIGUED AFTER MEALS
- HYPOGLYCEMIA
- INDIGESTION / REFLUX / HEARTBURN
- NAUSEA / VOMITING
- GAS / BLOATING
- ABDOMINAL PAIN / STOMACH ACHE
- STOMACH ULCER
- GALLSTONES
- EATING DISORDER
- LESS THAN 1 BM A DAY / CONSTIPATION
- DIARRHEA / LOOSE STOOL
- HEMORRHOIDS
- BLOOD IN STOOL
- IBS

GENTO-URINARY:

- FREQUENT URINATION
- POOR BLADDER CONTROL
- BURNING / PAIN ON URINATION
- DARK URINE
- CLOUDY URINE
- FREQUENT URINARY TRACT INFECTION
- KIDNEY STONES

CARDIO-VASCULAR:

- HIGH BLOOD PRESSURE
- HIGH CHOLESTEROL
- PALPITATIONS
- IRREGULAR HEARTBEAT

TEMPERATURE / PERSPIRATION:

- HOT / COLD BODY SENSATION OVERALL
- AVERSION TO HEAT OR COLD
- COLD HANDS / FEET
- HOT FLASHES
- NIGHT SWEATS /
- SPONTANEOUS SWEATING
- SWEATY PALMS / FEET

SKIN:

- RASH / ITCHING / HIVES
- ACNE / BOILS
- HAIR FALLING OUT
- WEAK / BRITTLE NAILS
- SLOW WOUND HEALING

HEAD/EARS/EYES/NOSE/THROAT:

- HEADACHES / MIGRAINES
- JAW PAIN / TMJ
- IMPAIRED HEARING/HEARING LOSS
- RINGING IN EARS
- DIZZINESS
- EARACHE
- SPOTS IN FRONT OF EYES
- POOR NIGHT VISION
- TEARING OR DRYNESS
- RED / INFLAMED / ITCHY EYES
- SINUS PROBLEMS
- NOSE BLEEDS
- LOSS OF SMELL
- MOUTH ULCERS / SORES ON TONGUE
- BAD BREATH
- BLEEDING GUMS
- RECURRENT SORE THROAT

RESPIRATORY:

- FREQUENT COLDS/SINUS INFECTIONS
- CHRONIC ALLERGIES
- ENVIRONMENTAL SENSITIVITY

SLEEP:

- LESS THAN 6-8 HOURS PER NIGHT
- NOT RESTED UPON WAKING
- DIFFICULTY FALLING / STAYING ASLEEP
- INSOMNIA

EMOTIONAL/PSYCHOLOGICAL:

- ANXIETY
- DEPRESSION
- MOOD SWINGS
- IRRITABILITY
- DIFFICULTY CONCENTRATING
- WORRY
- FEEL SAD A LOT
- CRY UNCONTROLLABLY
- MUCH FEAR / TERRORS
- HISTORY OF ABUSE
- CONSIDERED OR ATTEMPTED SUICIDE

♀ **FEMALE ONLY:**

- MAY BE PREGNANT
- PMS
- PAINFUL PERIODS
- HEAVY PERIODS
- CLOTS WITH PERIOD
- IRREGULAR CYCLE
- BLEEDING BETWEEN PERIODS
- PARTIAL / TOTAL HYSTERECTOMY
- CHRONIC VAGINAL INFECTIONS
- ABNORMAL PAP
- ENDOMETRIOSIS
- OVARIAN CYSTS
- UTERINE FIBROIDS

NUMBER OF:

- PREGNANCIES _____
- ABORTIONS _____
- MISCARRIAGES _____
- BIRTHS: _____ VAGINAL _____ CESCARIAN
- PERIOD LASTS _____ DAYS
- _____ DAYS BETWEEN PERIOD

Anything else you need to tell us about?

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Notification Form Regarding Evaluation of Patient by Physician

*In the state of Texas, acupuncture and Oriental medicine is not considered primary care. As a result, we are required to have you respond to the following statements before you may be treated. **Please be advised that we will not be permitted to treat you with acupuncture if your response to all of these statements is no.***

(Pursuant to the requirements of 22 TAC §183.7 of the Texas State Board of Acupuncture Examiners' rules (relating to Scope of Practice and Tex. Occ. Code Ann., §205.351, governing the practice of acupuncture.)

I (patient's name) _____ am notifying the practitioners at South Austin Community Acupuncture of the following:

Yes **No** I have been evaluated by a physician or dentist for the condition being treated within 12 months before the acupuncture was performed. I recognize that I should be evaluated by a physician or dentist for the condition being treated by the acupuncturist.

OR

Yes **No** I have received a referral from my chiropractor within the last 30 days for acupuncture. After being referred by a chiropractor, if after two months or 20 treatments, whichever comes first, no substantial improvement occurs in the condition being treated, I understand that the acupuncturist is required to refer me to a physician. It is my responsibility and choice whether to follow this advice.

OR

I have not been evaluated by a physician or dentist for the condition being treated, nor have I received a referral from a chiropractor, but I seek treatment for symptoms related to one or more of the following conditions:

- Chronic pain
- Smoking addiction
- Weight loss
- Alcoholism
- Substance abuse

Patient Signature Required

Date

South Austin Community Acupuncture is not responsible for untrue statements made by patients.

SUMMARY OF PRIVACY PRACTICES

We don't do anything with your health data without your written consent.

We have a complete NOTICE OF PRIVACY PRACTICES that is available in our office if you want to read the complete details.

I. How we may use and share health data about you:

- a) Treatment - To give you medical treatment or other types of health services.
- b) Payment - To bill you or a third party for payment for services provided to you.
- c) Health Care Operations - For our own operations such as quality control, compliance monitoring, audit, etc.

II. Disclosures where we do not have to give you a chance to agree or object:

- a) To you
- b) As required by federal, state, or local law
- c) If child abuse or neglect is suspected
- d) Public health risks (for public health activities to prevent and control spread of disease)
- e) Lawsuits and disputes (in response to a court or administrative order)
- f) Law enforcement (to help law enforcement officials respond to criminal activities)
- g) Coroners, medical examiners and funeral directors
- h) Organ or tissue donation facilities if you are an organ donor
- i) To avert a threat to an individual or to public health safety

III. Disclosures where we have to give you a chance to agree or object:

- a) Patient directories - You can decide what health data, if any, you want to be listed in patient directories.
- b) Persons involved in your care or payment for your care - We may share your health data with a family member, a close friend or other person that you have named as being involved with your health care.

IV. Other uses of health data: Other uses not covered by this notice or the laws that apply to us will be made only with your written consent.

V. You have the following rights relating to the health data we keep about you:

- a) Right to inspect your health record and to receive a copy of your health record upon request
- b) Right to amend information in your health record you believe is inaccurate or incomplete
- c) Right to know to whom we have disclosed your health information
- d) Right to ask for limits on the health information data we give out about you
- e) Right to receive communication from us about your health information in alternate ways
- f) Right to a paper copy of the complete Notice of Privacy Practices

I acknowledge that I have read this SUMMARY OF PRIVACY PRACTICES and understand that I may request the full NOTICE OF PRIVACY PRACTICES document from South Austin Community Acupuncture at any time.

Signature of Patient or Representative

Date

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INFORMED CONSENT TO TREATMENT

I, the undersigned, hereby request and consent to treatment by acupuncture and/or other procedures within the scope of the practice of acupuncture. Methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, herbal therapy, bodywork, and nutritional counseling.

I am hereby informed that the aforementioned treatment methods are all generally safe but that there may be some side effects or risks, as follows

Acupuncture may potentially cause temporary bruising, swelling, bleeding, numbness and tingling, or soreness at the site of needling. Highly unlikely risks of acupuncture include lung puncture (pneumothorax), nerve damage, organ puncture, and infection - although South Austin Community Acupuncture uses only sterile, disposable needles and maintains a clean and safe environment.

Potential risks of moxibustion include blistering, burns, and scarring. Common side effect of cupping and gua sha are temporary bruising and redness lasting a few days. Cupping can also cause blistering of the skin in some instances.

The herbal and nutritional supplements (which may be from plant, animal, or mineral sources) recommended to me by my practitioner are generally safe in the traditionally recommended doses. Possible side effects of herbs include nausea, gas, stomach ache, diarrhea, and headache. Unusual side effects of herbs include vomiting, rashes, hives, and tingling of the tongue. I understand I must stop taking any herbs and notify my acupuncturist if I experience any discomfort or adverse reaction.

I will notify the acupuncturist should I become pregnant or if I am in the process of trying to get pregnant as certain acupuncture points and herbs are contraindicated during pregnancy and could induce miscarriage.

I understand that I can discuss risks and benefits further with my practitioner before signing if I so choose, although I do not expect my practitioner to be able to anticipate and explain all possible risks and complications of treatment. I rely on the practitioner to exercise his or her judgment in my best interest during the course of treatment, based upon the facts then known.

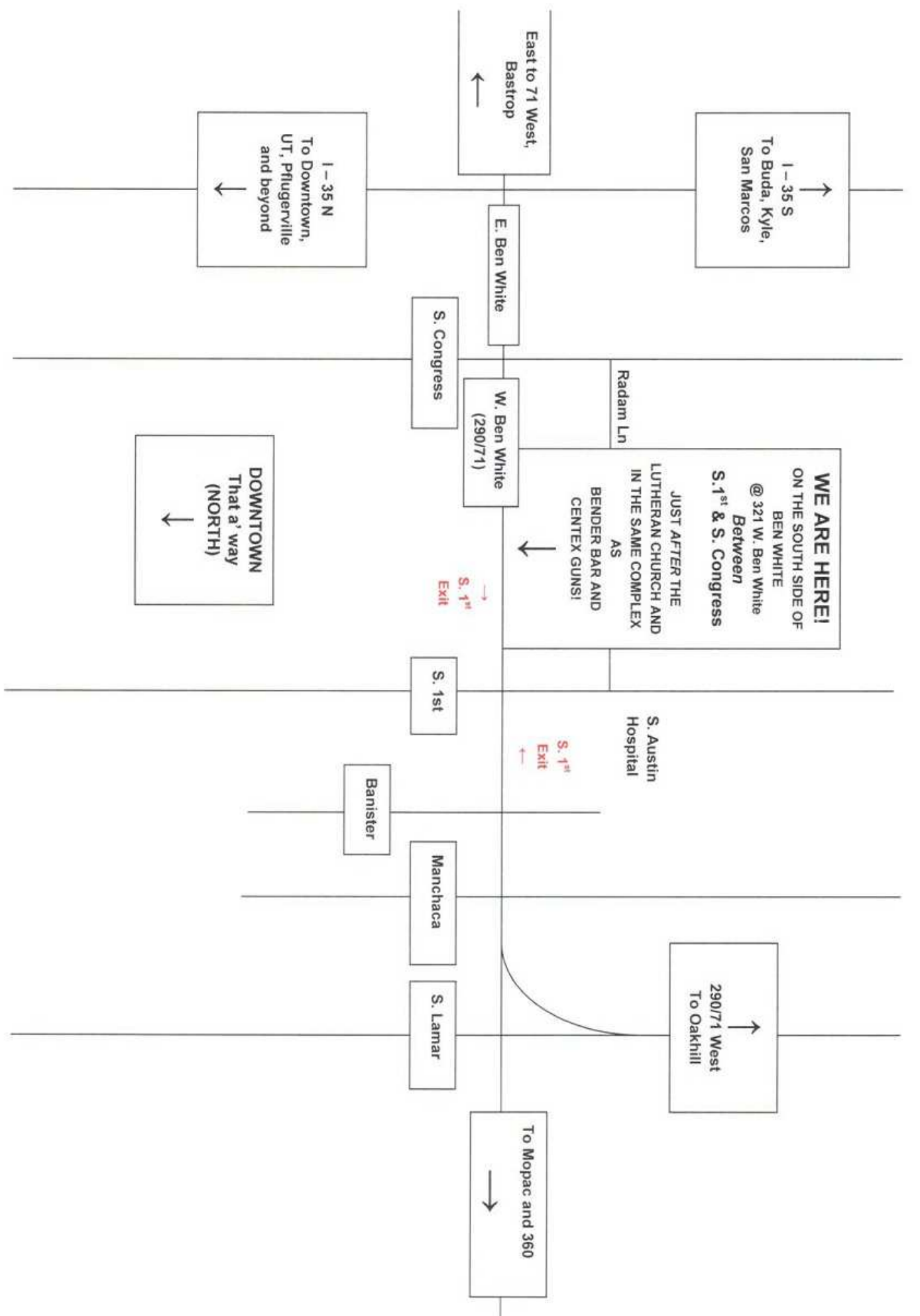
I fully understand that there is no implied or stated guarantee of success or effectiveness of a specific treatment or series of treatments.

I understand that my acupuncturist may review my medical records and lab reports, but all my records will be kept confidential. My health information will be handled in accordance with the Summary of Privacy Practices document that has been provided to me, and of which I have acknowledged receipt.

In signing this form, I acknowledge any inherent risks, and give my consent for treatment; payment and healthcare operations received, incurred or carried out at this practice.

Signature of Patient or Representative

Date



↑
I - 35 S
To Buda, Kyle,
San Marcos

←
East to 71 West,
Bastrop

↑
I - 35 N
To Downtown,
UT, Pflugerville
and beyond

E. Ben White

S. Congress

Radam Ln

W. Ben White
(290/71)

WE ARE HERE!
ON THE SOUTH SIDE OF
BEN WHITE
@ 321 W. Ben White
Between
S. 1st & S. Congress

JUST AFTER THE
LUTHERAN CHURCH AND
IN THE SAME COMPLEX
AS
BENDER BAR AND
CENTEX GUNSI

→
S. 1st
Exit

DOWNTOWN
That a' way
(NORTH)
↑

S. 1st

S. Austin
Hospital

←
S. 1st
Exit

Banister

Manchaca

S. Lamar

↑
290/71 West
To Oakhill

→
To Mopac and 360