

little bird



community acupuncture

Registration & New Patient Form

Date: _____

Name: _____ Preferred name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Occupation: _____

Pronoun(s) : _____ Gender (Optional): _____

Best Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Medical Doctor (primary): _____ Phone: _____

Have You Had Acupuncture Previously? ☐ Yes ☐ No

How Did You Hear About Us? _____

Main Complaint

1. _____

When did this start? _____

Heat makes it	better	no change	worse
Cold makes it	better	no change	worse
Damp weather	better	no change	worse
Exercise/Activity	better	no change	worse

Does this
pain/issue
interfere with
your work?

Yes or No

Please rate the intensity of your complaint - "0" being no pain, "10" being the worst.
Mark B for when the intensity is at its BEST and W for when it is at its WORST.

0 ←-----2-----5-----8-----→10

Secondary Complaint

2. _____

When did this start? _____

Heat makes it	better	no change	worse
Cold makes it	better	no change	worse
Damp weather	better	no change	worse
Exercise/Activity	better	no change	worse

Does this
pain/issue
interfere with
your work?

Yes or No

Please rate the intensity of your complaint - 0 being no pain, 10 being the worst. Mark
"B" for when the intensity is at its BEST and "W" for when it is at its WORST.

0 ←-----2-----5-----8-----→10

Treatment History

Medications (names and dosages):

Supplements/Vitamins/Herbs:

Allergies:

Are there any other concerns you'd like us to know about?

Do you have any trouble sleeping? _____

Do you wake up tired in the morning? _____

Do you have any trouble digesting your food? _____

How often do you move your bowels? _____ with ease? _____

Do you feel like you have enough energy to get through the day? _____

Is there anything else you'd like us to know about you? _____

LITTLE BIRD COMMUNITY ACUPUNCTURE FINANCIAL AGREEMENT

LITTLE BIRD COMMUNITY ACUPUNCTURE provides high quality acupuncture treatment at affordable rates in a supportive community setting. We practice a style of acupuncture which mostly uses distal points in the hands, feet and head to treat problems anywhere in the body – meaning we will probably treat pain in your back by placing tiny needles in your hands. Research in the United States (as well as thousands of years of tradition in Asia) has shown that acupuncture is most effective when it is done frequently and regularly – once a week is usually the minimum required to make progress on any kind of health problem.

There is a one-time \$10 paperwork fee with the first appointment.

Acupuncture appointments are on a sliding scale of
\$20 - \$40 per treatment.
You decide what you can afford.

The purpose of our sliding scale is to separate the issues of money and treatment; we want you to come in often enough to really get better and stay better! We understand that everyone's situation is different, and our primary goal is to make acupuncture available to you as often as you need it.

In respect for our intention to provide quality health care at affordable prices, we ask for 24 hours advance notice if you need to cancel or reschedule your appointment.

All acupuncture appointments that are rescheduled or cancelled with less than 24 hours notice, and appointments missed without notice, will be charged a \$20 fee.

Thank you for your understanding,
Little Bird Community Acupuncture Staff

Printed Name

Signature

Date

COMMUNITY ACUPUNCTURE INFORMED CONSENT TO TREAT

I give consent to receive acupuncture treatment (for myself or for the patient named below, for whom I am legally responsible) performed by the acupuncturists at Little Bird Community Acupuncture (LBCA). This treatment may include acupuncture, Chinese herbal medicine, Tui Na (Chinese acupressure massage) and moxibustion.

I understand that acupuncture involves the insertion of fine needles at specific points on the body. Acupuncture is generally considered to be a very safe method of treatment, but I understand that side effects can occur. Possible side effects of acupuncture include bruising, bleeding, numbness or tingling near the needling sites that may last a few days, dizziness, and fainting. Unusual risks of acupuncture include infection, spontaneous miscarriage, seizures, nerve damage, and organ puncture, including lung puncture (pneumothorax). To minimize the risk of infection, LBCA uses sterile, single-use acupuncture needles and maintains a clean and safe environment.

If an acupuncturist recommends it, I may choose to use Chinese herbal medicine. Chinese herbal medicine is generally considered to be very safe, but I understand that herbs should be taken as directed by the acupuncturist. Some may be toxic in large doses or inappropriate during certain conditions such as pregnancy. I will immediately notify an acupuncturist if I experience any unpleasant side effects while taking herbs. Possible side effects of Chinese herbal medicine include nausea, gas, stomachache, vomiting, diarrhea, rashes, hives, and tingling of the tongue.

I understand that moxibustion involves burning small quantities of the herb mugwort on or above the skin. Possible side effects of moxibustion include burning and scarring. Most treatments at LBCA do not include moxibustion.

I understand that the Acupressure/Tui Na massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. I am aware that certain adverse side effects may result from this treatment. These could include, but are not limited to: bruising, sore muscles or aches, and the possible aggravation of symptoms existing prior to treatment. If I experience any pain or discomfort during the session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I understand that if I have a fever or are coming down with a cold or flu, Acupressure/Tui Na is not an appropriate treatment.

I understand that LBCA provides acupuncture in a community setting. The purpose of this setting is to allow as many people as possible to access treatment and to decide for themselves how they wish to use acupuncture to manage their health. Common side effects of acupuncture treatment in a community room include deep relaxation, falling asleep, and snoring. I understand that if I need to be woken up at a certain time, I will let the reception staff and the acupuncturist know. I understand that I might be too relaxed to drive immediately after treatment. If other people's snoring bothers me, I understand that I need to bring earplugs or headphones. I understand that at times, someone else might be sitting in my favorite recliner. I understand that community acupuncture involves actual community with a wide variety of people, and may at times require some flexibility, patience, or understanding from me.

I understand that acupuncture needles are very small; a different acupuncturist may remove the needles than the one who inserted them; and so I may need to help my acupuncturist locate all of the needles at the end of my treatment and before I leave the clinic. I understand that LBCA needs to treat a high volume of patients in order to keep its prices as low as they are, and I am willing to participate in my own treatment process.

I understand that while this form describes major risks of treatment, other side effects and complications may occur. I do not expect the acupuncturists to be able to anticipate or explain all possible risks and complications of treatment. I understand that results are not guaranteed.

I understand that acupuncture is a process, and that results will be best when I receive acupuncture regularly and as frequently as my acupuncturist recommends. I will ask my acupuncturist if I have questions about my treatment or about the risks and benefits of acupuncture. I will notify an acupuncturist if I am or become pregnant.

I understand that my records will be kept confidential and will not be released without my written consent. Clinical and administrative staff may review my records as needed.

I have read this information (or had it read to me), and I have had an opportunity to ask questions. By signing below I voluntarily give consent to receive acupuncture as treatment for my present condition and for any future conditions.

Name of Patient (please print) _____

Signature of Patient or Patient Representative **X** _____

Date ____/____/____ Acupuncturist Signature _____