

Patient Information

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home phone # _____ Cell # _____ Work # _____

Ok to call: Home Cell Work

E-mail _____ Social Security # _____

Date of Birth _____ Occupation _____

Gender: Female Male Age _____ Weight _____

Relationships: Married Divorced/separated Widowed
 Single Cohabitation

Insurance Company _____ Subscriber ID _____

Subscriber name _____ Group ID _____

Is your condition related to work, injury, or auto accident? (Specify)

Name of primary care physician _____ Phone _____

Date of last medical care _____ Reason _____

May we contact your health care provider concerning your records? Yes No

Notify in emergency _____ Phone _____

Referred by Dr. Friend Internet search Acufinder.com Acupuncture Association of Colorado
 Health Insurance Website

- Yes No Had acupuncture before?
- Yes No Are you nervous about needles?
- Yes No Do you have a tendency to faint?
- Yes No Do you bleed for a long time or bruise easily?
- Yes No Are you extremely hungry at the present time?
- Yes No Are you extremely tired right now?
- Yes No Do you have a pacemaker?
- Yes No Women- Are you pregnant?

Main complaints _____

When problem began _____

Is your condition: Getting worse Staying Constant Coming & Going

What makes it better? _____

What makes it worse? _____

What diagnosis have you been given? _____

What kinds of treatment have you tried? _____

Do you have any other complaints or health issues?

Please list any medications, drugs, herbs or supplements you are taking

Are you currently under the care of any other health care practitioners? Yes No

If so, what treatment and for what conditions? _____

How would you describe your health as a child?

Family History: Has any blood relative had any of the following?

Cancer Allergies TB Diabetes

Seizures Stroke Hypertension Heart Disease

Thyroid Disease

Other _____

Please check any illnesses or conditions you have or have had in the past

Allergies Cancer Heart Disease Pace Maker

Alcoholism Diabetes Hepatitis Pneumonia

Asthma Epilepsy HIV/AIDS Mental Disorder

Describe your primary interests or hobbies

Diet: Are you satisfied with your present diet? Yes No

Are you vegetarian?

Yes No Other _____

List any foods that you crave _____

List any foods that give you a bad reaction _____

List all the foods and the time you eat on an average day

Breakfast at _____

Lunch at _____

Dinner at _____

Smoking: Don't Smoke Quit, when _____

Cigarettes per day _____ Cigars per day _____

Drinking:

Coffee/ tea/ soda per day _____ Water per day _____

Beer/ Wine per day _____ Liquor per day _____

Other drugs used:

Marijuana, cocaine, etc

Never/Rarely

Sometimes

Often

All of the information given on this form is true and accurate and I understand that I am responsible for payment of my account. Payment is due at the time services are rendered.

X _____ Date _____

Patient's signature

X _____ X _____

Consent to treat a minor child (name)

Parent/Legal guardian signature

Consent to Treatment

By signing below, I do hereby voluntarily consent to be treated with acupuncture and/or substances from Cherry Blossom Acupuncture & Herbs by a licensed acupuncturist. I understand that acupuncturists practicing in the state of Colorado are not primary care providers and that regular primary care by a licensed physician is an important choice that is strongly recommended by this clinic.

Nature of Oriental Medicine: Your Oriental Medicine procedure may include acupuncture, moxibustion, cupping, electric or magnetic stimulation, acupressure, dermal friction (Gua Sha), Chinese herbs, therapeutic exercises and dietary counseling based on the fundamentals of Chinese medicine. I understand that Oriental medical procedure can aggravate the symptoms get worse (less than 3%) but it is usually good sign. I understand that I need to notify practitioner to know if any aggravation occurs after any kind of treatment I received. I understand that it is important that my practitioner needs to know my condition if I have any of following.

- If I have ever experienced a fit, faint or funny turn
- If I have a pacemaker or any other electrical implants
- If I have a bleeding disorder
- If I am taking anti-coagulants or any other medication
- If I have any blood-transmitted diseases
- If I have damaged heart valve or have any other particular risk of infection

Acupuncture: I understand that acupuncture is performed by the insertion of needles through the skin or by the application of heat to the skin (or both) at certain points on or near the surface of the body in an attempt to treat bodily dysfunction or diseases, to modify or prevent pain perception, and to normalize the body's physiological functions. Acupuncture is generally very safe. Serious side effects are very rare - less than one per 10,000 treatments. However, I am aware that certain adverse side effects may result. These could include, but are not limited to: drowsiness, local bruising, minor bleeding, fainting, pain or discomfort during treatment and after, nerve damage, puncturing of organ, and the possible aggravation of symptoms existing prior to acupuncture treatment. I understand that no guarantees concerning its use and effects are given to me and that I am free to stop acupuncture treatment at any time. *I understand that if my health insurance plan is not covered for any services by a licensed acupuncturist at Cherry Blossom Acupuncture & Herbs, I am responsible for the full payment of the cash treatment plan prices listed below.*

Treatment Plan:

90min Initial Intake & Treatment	\$100 (cash or check rate)
Follow up Acupuncture Treatment (Hourly)	\$75 (cash or check rate)
*Insurance submission rate (15mins)	\$45

Moxibustion: I understand that if I receive direct or indirect moxibustion as part of therapy, there is a risk of burning or scarring from its use. I understand that I may refuse this therapy.

Treatment Plan:

1 Hour Moxibustion Treatment (include needle insertion)	\$75
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Chinese Herbs: I understand that substances from Cherry Blossom Acupuncture & Herbs may be recommended to me to treat bodily dysfunction or diseases, to modify or prevent pain perception, and to normalize the body's physiological functions. I understand that I am not required to take these substances but must follow the directions for administration and dosage if I do decide to take them. I am aware that certain adverse side effect may result from taking these substances. These could include, but are not limited to: counteraction with western medication, headache, nausea, side effect, changes in bowel movement, abdominal pain or discomfort, and the possible aggravation of symptoms existing prior to herbal treatment. Should I experience any problems,

which I associate with these substances, I should suspend taking them and call Cherry Blossom Acupuncture & Herbs as soon as possible.

An Herbal Consultation is \$50 per month without the cost of herbs. As symptoms may change each month, modifications may be necessary with an additional health evaluation and consultation. This charge only occurs when the patient is not receiving any acupuncture treatment or any of the following therapies within 30 days of the Herbal Consultation: Acupressure, Shiatsu, Ui-na massage, Cupping and Gua-sha treatments.

<i>Herbal Consultation Monthly Fee</i>	\$50
<i>Upfront Annual Fee (Covers Monthly Consultation Fees)</i>	\$500

Chinese Massage Therapy include Acupressure, Shiatsu, Tui-Na, Cupping & Gua-sha: I understand that I may also be given Chinese massage, cupping skin suction and gua-sha technique as part of my treatment to modify or prevent pain perception and to normalize the body's physiological functions. I am aware that certain adverse side effects may result from this treatment. These could include, but are not limited to: bruising, fainting, rash or petechiae (reddish, elevated, millet-like skin rash), sore muscles or aches, and the possible aggravation of symptoms existing prior to treatment. I understand that I may stop the treatment if it is too uncomfortable. Instead of needle insertion acupuncture, I understand that I can choose to receive Chinese massage therapy.

<i>Chinese Massage Therapy (include needle insertion)</i>	\$75
<i>Acupressure Lecture</i>	\$50

Electro-Acupuncture: I understand that I may be asked to have electro-acupuncture administered with acupuncture. I am aware that certain adverse side effects may result. These may include, but are not limited to: electrical shock, pain or discomfort, and the possible aggravation of symptoms existing prior to treatment. I understand that I may refuse this treatment. In addition to electro-acupuncture administered to the body, I understand that this electric device is also used for auricular therapy to treat problems through the ear region. I understand that I may stop the treatment if it is too uncomfortable. If I choose to receive only auricular therapy (which may include needle insertion) the cost is \$50 and treatment time is limited to 45 minutes.

<i>Auricular Therapy (include needle insertion)</i>	\$75
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Nutritional Consultation: I understand that I may be asked to have particular diet plans as part of my treatment to normalize the body's physiological functions. A nutritional consultation involves receiving advice for an individually designed diet plan and requires a one hour wellness evaluation.

<i>Nutritional Consultation</i>	\$50
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Special Situations: Some herbs and acupuncture points are contra-indicated during pregnancy. Please notify us if you might be pregnant. Additionally, please inform us if you have severe bleeding disorders or if you are wearing a pacemaker or other electronic medical device.

Use of Disposable Needles: To reduce the possibility of infection from acupuncture, all needles are pre-sterilized, one-time-use needles made of surgical stainless steel. After each treatment they are disposed of as medical waste, and needles are never re-used. Additionally, your acupuncturist has had training in Clean Needle Techniques and Universal Precautions.

Cancellation: I understand that if I do not show up to the treatment, I am responsible to pay a no show fee. And if I do not report cancellation within 24 hours, there is a cancellation fee.

<i>No Show Fee</i>	\$65
<i>Cancellation fee within 24 hrs</i>	\$40

Education and Experience: Yuko Tsuruta Wells earned her Master’s degree of Acupuncture and Oriental Medicine from Southwest Acupuncture College. This four-year program consists of 3000 hours of education and includes more than 1000 hours of clinical practice. She earned her Masters of Health and Sports Science from the Nippon Sports Science University Graduate School in Tokyo Japan. She earned her Bachelor’s Degree of Sports Science from Department of Health Education Nippon Sports Science University in Tokyo Japan.

Yuko is certified as a Diplomat of Acupuncture by the National Certification Commission of Acupuncture and Oriental Medicine (NCCAOM). She is a member of the Acupuncture Association of Colorado. She received her Colorado License in 2008 and none of her licenses, certificates or registrations have ever been revoked or suspended.

Cherry Blossom Acupuncture & Herbs LLC complies with all rules and regulations promulgated by the Colorado Department of Public Health and Environment, including the proper cleaning and sterilization of needles used in the practice of Acupuncture and the sanitation of acupuncture offices. We only use single use, disposable, factory sanitized needles in this clinic.

Yuko has training and experience in the recommendation and application of adjunctive therapies and herbs as defined by traditional oriental medical concepts.

Patient’s Rights: The patient is entitled to receive information about the methods of therapy, the techniques used, and the duration of therapy, if known.

The patient may seek a 2nd opinion from another health professional or may terminate therapy at any time.

In a professional relationship, sexual intimacy is never appropriate and should be immediately reported to the Director of the Division of Registrations in the Department of Regulatory Agencies.

The Colorado Department of Regulatory Agencies regulates the practice of Acupuncture. Feel free to contact them if you have any questions, comments or complaints. By mail: Director, Division of Registrations, Acupuncturist Licensure, 1560 Broadway Suite 1350, Denver, CO 80202. Phone: 303-894-7800

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.

X _____ X _____
Patient’s Signature Date

Printed Name: X _____

SIGN BELOW ONLY IF YOU REQUESTED AND RECEIVED MORE DETAILED INFORMATION

I requested and received, in substantial detail, further explanation of the procedure or treatment, other alternative procedures or methods of treatment, and information about the material risks of the procedure or treatment. I give my permission and consent to treatment.

X _____ X _____
Patient’s Signature Explained by me and signed in my presence