

ACUPUNCTURE WELLNESS MOUNT AIRY

acupuncturewellnessma@gmail.com

336-755-2158

PERSONAL AND MEDICAL INFORMATION

Name _____ Date _____

Home Address _____

City _____ State _____ Zip _____

Primary Phone _____ Email _____

Occupation _____ Work Phone _____

Emergency Contact _____ Phone _____

Gender: Male or Female Height _____ Weight _____ Birth Date _____ Age _____

Have you received acupuncture therapy before: Y or N

When? _____ With whom? _____

Who should we thank for referring you? _____

May we add you to our newsletter mailing list? Y or N

Name of Primary Care Physician _____

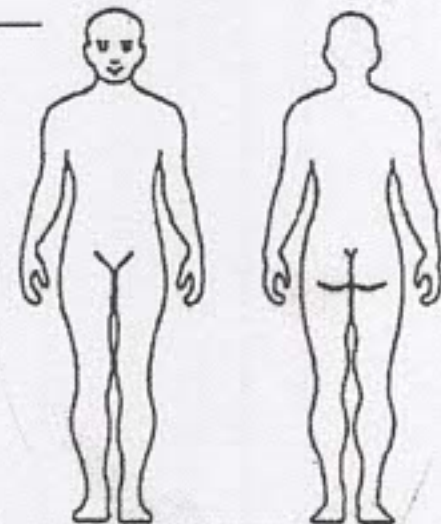
Would you like us to tell your primary care physician that you are receiving acupuncture? Y or N

Please list your other healthcare providers _____

DESCRIBE YOUR CURRENT PROBLEM AND HOW IT BEGAN:

CURRENT COMPLAINT

No difficulties | 0 1 2 3 4 5 6 7 8 9 10 | Unbearable



DESCRIBE THE FOLLOWING:

APPETITE _____ DIGESTION _____ STOOL _____ URINATION _____

HOT/COLD _____ EXERCISE _____ SWEAT _____ THIRST _____

SLEEP _____ EMOTIONS _____

MENES-LMP _____ DAYS IN CYCLE _____ COLOR _____ PAIN _____ PMS _____ PREG _____

OTHER CONCERN: _____ EXISTING DX _____

MEDICATIONS _____

SUPPLEMENTS _____

CONFIDENTIAL PATIENT CASE HISTORY

PLEASE CHECK ALL THAT ARE TRUE:

- ☐ I have know allergies
- ☐ I have a pacemaker
- ☐ I have an artificial joint
- ☐ I use blood thinners
- ☐ I am pregnant
- ☐ I use tobacco
- ☐ I use alcohol
- ☐ I take lithium
- ☐ I use recreational drugs
- ☐ I take medication for diabetes

EYES/EARS/NOSE/THROAT/RESPIRATORY

- ☐ Asthma/wheezing
- ☐ Blurred or failing vision
- ☐ Difficulty breathing
- ☐ Ear ache
- ☐ Enlarged glands
- ☐ Eye pain
- ☐ Frequent colds
- ☐ Hay fever
- ☐ Hoarseness
- ☐ Gum trouble
- ☐ Nose bleeds
- ☐ Loss of hearing
- ☐ Persistent cough
- ☐ Ringing in ears
- ☐ Sinus problems

SKIN

- ☐ Boils, acne
- ☐ Bruise easily
- ☐ Dry skin
- ☐ Itching/rash
- ☐ Sensitive skin
- ☐ Sore won't heal
- ☐ Sweats

GENITO/URINARY

- ☐ Bladder or urinary tract infection
- ☐ Blood/pus in urine
- ☐ Frequent urination
- ☐ Inability to control urine
- ☐ Kidney infection/stones
- ☐ Lowered libido

CARDIOVASCULAR

- ☐ Chest pain
- ☐ Hardening of arteries
- ☐ High or low blood pressure
- ☐ Pain over heart
- ☐ Poor Circulation
- ☐ Previous heart attack
- ☐ Rapid/irregular heart beat
- ☐ Swelling of ankles

GASTROINTESTINAL

- ☐ Belching, gas or bloating
- ☐ Colon trouble
- ☐ Constipation
- ☐ Diarrhea
- ☐ Difficulty swallowing
- ☐ Excessive hunger
- ☐ Gall bladder trouble
- ☐ hemorrhoids
- ☐ Ingestion
- ☐ Nausea
- ☐ Pain over stomach
- ☐ Poor appetite
- ☐ Vomiting

FOR MEN

- ☐ Erection difficulties
- ☐ Male infertility
- ☐ Penis discharge
- ☐ Prostate trouble

FOR WOMEN

- ☐ Bleeding between periods
- ☐ Clots in menses
- ☐ Excessive menstrual flow
- ☐ Infertility
- ☐ Irregular cycle
- ☐ Menopausal symptoms
- ☐ PMS
- ☐ Previous miscarriage
- ☐ Scanty menstrual flow
- ☐ Severe menstrual pain

Could you be pregnant? Y OR N

Signature_____Date:_____

**ACUPUNCTURE WELLNESS MOUNT AIRY
1010 SOUTH MAIN STREET
MOUNT AIRY, NC 27030 336-755-2158**

MAKING APPOINTMENTS

THE SCHEDULE BOOK IS IN FRONT OF THE PRACTICE AND YOU MAY CHOOSE YOUR APPOINTMENT DATE AND TIME BY PLACING YOUR NAME IN THE LINE THAT IS OPEN. THERE ARE APPOINTMENT CARDS AVAILABLE FOR YOU TO WRITE DOWN THE APPOINTMENT.

MISSED VISITS OR LATE CANCELLATIONS

WE ASK FOR A MINIMUM OF A 24-HOUR CANCELLATION OF YOUR APPOINTMENT WHEN YOU FIND IT NECESSARY TO SCHEDULE OR RESCHEDULE. FAILURE TO DO THIS DOES NOT ALLOW US TIME TO FILL THE CHAIR FROM OUR WAITING LIST. FAILURE TO GIVE NOTICE DOES NOT ALLOW ONGOING PATIENTS THE ABILITY TO RESCHEDULE IN YOUR PLACE. WE ASK FOR \$25 FEE FOR NO SHOWS AND CANCELLATIONS WITH LESS THAN 24-HOUR NOTICE. WE HAVE NO WAY OF COLLECTING THIS BEYOND YOUR GOOD WILL AND AWARENESS OF THE CONSEQUENCES ACUPUNCTURE WELLNESS MOUNT AIRY AS AN ONGOING BUSINESS. THANK YOU FOR YOUR AWARENESS.

COMMUNICATION SHEETS

ON YOUR SECOND VISIT, YOU WILL BE ASKED TO FILL OUT THE PATIENT ENCOUNTER FOR THE DAY. YOU WILL BE ASKED WHAT YOUR PRIMARY COMPLAINT IS AND WHAT ELSE YOU WOULD LIKE TO HAVE ADDRESSED TODAY. WHEN YOU HAVE FINISHED YOUR COMMUNICATION, PLEASE PUT YOUR SHEET AND CLIP BOARD ON THE SIDE OF THE DESK.

RECEIPTS FOR FLEXIBLE SPENDING ACCOUNTS

IF YOU WISH A RECEIPT FOR THE VISIT, PLEASE ASK THE STAFF WHO GREETES YOU. YOU WILL BE GIVEN A RECEIPT FOR THE FLEXIBLE SPENDING ACCOUNTS AND APPROPRIATE CODES. PLEASE DO THIS ON THE DAY OF THE VISIT.

PACKAGE AGREEMENT

IF YOU MAKE AN APPOINTMENT AND YOU DO NOT CALL AND CANCEL WITHIN 24-HOUR PERIOD THAT MISSED APPOINTMENT WILL BE COUNTED AGAINST PACKAGE AS A VISIT.

PATIENT REQUEST FOR VERIFICATION OF CARE

PLEASE GIVE US NOTICE AT THE FIRST VISIT IF YOU INTEND TO USE YOUR ACUPUNCTURE VISITS AS EVIDENCE IN A DISABILITY APPLICATION OR AS PART OF A TREATMENT FOR AUTOMOBILE ACCIDENT WHERE PAYMENT MAY BE REIMBURSED TO YOU BY AN INSURANCE COMPANY.

ACUPUNCTURE WELLNESS MOUNT AIRY

PLEASE INITIAL BY EACH MODALITY AND SIGN THE BOTTOM. THANK YOU
PLEASE FEEL FREE TO ASK US ABOUT ANY OF THESE MODALITIES.

_____ ACUPUNCTURE IS A HEALING ART THAT INVOLVES THE STIMULATION OF SPECIFIC POINTS ON THE BODY. IT HAS THE EFFECT TO NORMALIZING PHYSIOLOGICAL FUNCTION, MODIFYING THE PERCEPTION OF PAIN, AND TREATING CERTAIN DISEASES AND DYSFUNCTIONS OF THE BODY. ACUPUNCTURE IS CONSIDERED A SAFE METHOD OF TREATMENT BUT OCCASIONALLY THERE MAY BE SOME BRUISING OR TINGLING NEAR THE NEEDLING SITES THAT CAN LAST A FEW DAYS. THERE HAVE BEEN RARE INSTANCES REPORTED IN WHICH A PATIENT FAINTED, DEVELOPED A SCAR OR INFECTION, EXPERIENCED A SPONTANEOUS ABORTION OR SUSTAINED A PNEUMOTHORAX(AIR IN THE CHEST CAVITY THAT COULD COLLAPSE LUNG)

_____ INDIRECT MOXIBUSTION IS THE APPLICATION OF A MOXA BALL OR ROLL TO THE END OF THE NEEDLE, WHICH IS THEN BURED. THERE MAY BE SLIGHT WARMING TO THE NEEDLE, WHICH MAY BE PERCEIVED BY THE PATIENT. THE INTENT OF MOXA BALL IS TO INCREASE THE OVERALL STIMULATION TO THE ACUPUNCTURE POINT.

_____ ELECTRO ACUPUNCTURE IS THE ADDITION OF VERY SMALL AMOUNT OF ELECTRICAL CURRENT (THROUGH BATTERY OPERATED EQUIPEMENT) BY WIRES TO THE NEEDLES IN THE AREAS WHERE THE PRACTITIONER DESIRES AN ENHANCED EFFECT TO THE BODY. THERE MAY BE SIDE EFFECTS, WHICH MAY INCLUDE SMALL ELECTRICAL SHOCK, PAIN OR DISCOMFORT FROM THE NEEDLES.

_____ EAST ASIAN HERBAL MEDICINE - CONTRAINDICATIONS/CAUTIONS FOR ACUPUNCTURE TREATMENT AND CERTAIN HERBS INCLUDE A HISTORY OF BLEEDING DISORDERS OR CURRENT ANTICOAGULANT THERAPY, AN IMPLANTED PACEMAKER OR PROSTHETIC HEART VALVE, USE OF CERTAIN MEDICATIONS AND/OR PREGNANCY. THESE ISSUES DO NOT PRECLUDE AN INDIVIDUAL FROM TREATMENT BUT DOES NEED TO BE TAKEN INTO ACCOUNT. HERBS AND NUTRITIONAL SUPPLEMENTS MAY BE RECOMMENDED AND ARE CONSIDERED SAFE IN THE PRACTICE OF EAST ASIAN MEDICINE.

_____ CUPPING AND GUA SHA - CUPPING IS THE APPLICATION OF PLASTIC OR GLASS CUPS TO THE SURFACE OF THE AS TREATMENT TO MODIFY PAIN. GUA SHA IS AN ANCIENT TECHNIQUE OF USING A TOOL THAT IS RUBBED AGAINST THE SURFACE OF THE SKIN. I UNDERSTAND THAT THESE TREATMENTS MAY LEAVE "COLOR" IN THE AREA OF TREATMENT AND WHILE THIS MAY BE UNSIGHTLY, THE COLOR MARKS ARE NOT PAINFUL AND DO NOT REPRESENT THE BREAKING OF BLOOD VESSELS. COLOR WILL LAST SEVERAL DAYS TO A WEEK AND GENERALLY FADES LIKE A SUNBURN MIGHT. PICTURES OF TYPICAL "COLOR" MARKS ARE POSTED OUTSIDE THE COMMUNITY ROOM.

_____ DIRECT MOXIBUSTION SOME POINTS ARE MORE EASILY AND LESS PAINFULLY TREATED WITH DIRECT MOXIBUSTION. THE MOXA IS INSIDE A TUBE THAT IS LIFTED 1/2 AWAY FROM THE SKIN. SIDE EFFECTS MAY INCLUDE A BLISTER OR DARKENING OF SKIN AT SITE.

_____ LASER, INFRARED LIGHT, FAR INFRARED LIGHT, SUPER LUMINOUS DIODES, ADODYNE THIS PRACTICE USES A VARIETY OF RED LIGHT DEVICES TO MODIFY PAIN RESPONSES. THESE DEVICES ARE USED LOCALLY ON PAINFUL AREAS. SIDE EFFECTS CAN INCLUDE OVER HEATING AND BURNS TO THE LOCAL AREA.

CONSENT FOR EAST ASIAN MEDICAL TREATMENT

BY SIGNING BELOW, I DO VOLUNTARILY CONSENT TO BE TREATED BY THIS PRACTICE BY A NC LICENSED ACUPUNCTURIST, DR. DIANE MILHAN. I UNDERSTAND THAT ACUPUNCTURISTS PRACTICING IN THE STATE OF NC ARE NOT PRIMARY CARE PROVIDERS AND THAT HAVING A REGULAR PRIMARY CARE PHYSICIAN IS AN IMPORTANT PART OF MY HEALTHCARE. NO GUARANTEE OF RESULTS HAS BEEN MADE. I DO NOT EXPECT DR. MILHAN TO BE ABLE TO ANTICIPATE OR EXPLAIN ALL THE POSSIBLE RISKS AND COMPLICATIONS OF THE TREATMENT. SOMETIMES THERE IS AN AGGRAVATION OF SYMPTOMS WHEN A NEW TREATMENT TO ADDRESS THESE SYMPTOMS IS INITIATED. I UNDERSTAND THAT I CAN WITHDRAW MY CONSENT TO ANY PART OF THE TREATMENT WITH A VERBAL REQUEST.

PATIENT SIGNATURE _____

DATE OF SIGNATURE _____

ACUPUNCTURE WELLNESS MOUNT AIRY
DR. DIANE MILHAN, LAc, DAOM NC LICENSE 641

NOTICE OF PRIVACY PRACTICES PATIENT ACKNOWLEDGEMENT

I HAVE REVIEWED THIS PRACTICE'S NOTICE OF PRIVACY PRACTICES WRITTEN IN PLAIN LANGUAGE. THE NOTICE PROVIDES IN DETAIL THE USES AND DISCLOSURES OF MY PROTECTED HEALTH INFORMATION THAT MAY BE MADE BY THIS PRACTICE, MY INDIVIDUAL RIGHTS, HOW I MAY EXERCISE THESE RIGHTS, AND ACUPUNCTURE WELLNESS MOUNT AIRY'S LEGAL DUTIES WITH RESPECT TO MY INFORMATION.

I UNDERSTAND THAT THIS PRACTICE RESERVES THE RIGHT TO CHANGE THE TERMS OF ITS NOTICE OF PRIVACY PRACTICES, AND TO MAKE CHANGES REGARDING ALL PROTECTED HEALTH INFORMATION CONTROLLED BY THIS PRACTICE. I UNDERSTAND I CAN OBTAIN THIS PRACTICE'S CURRENT NOTICE OF PRIVACY PRACTICES ON REQUEST.

I UNDERSTAND THAT ACUPUNCTURE HERE IS PERFORMED IN THE FACE UP POSITION IN A MULTI-CHAIR ROOM WHERE THERE MAY BE MORE THAN ONE CLIENT TREATED AT THE SAME TIME. I ACCEPT THAT THE MULTI-CHAIR ROOM SETTING DOES NOT PROVIDE THE SAME LEVEL OF CONFIDENTIALITY THAT A PRIVATE ROOM WOULD AFFORD.

IF I DO NOT WANT TO BE TREATED IN A MULTI-CHAIR ROOM SETTING, I UNDERSTAND THAT DR. MILHAN WOULD PROVIDE PRIVATE ACUPUNCTURE AT THE RATE OF \$125 PER SESSION.

THANK YOU FOR YOUR UNDERSTANDING THAT THE ACUPUNCTURE BOARD REQUIRES YOUR ACCEPTANCE OF THIS STYLE OF PRACTICE. 21 NCAC 01.0402 (1) (a)

PATIENT
NAME: _____

DATE: _____

SIGNATURE: _____

RELATIONSHIP TO PATIENT (IF SIGNED BY A PERSONAL REPRESENTATIVE OF PATIENT):
