New Patient Intake Form

Name_____Date_____
Date of birth _____ Occupation _____
Email Address_____
Address _____City_____ Zip _____
Home Phone Number_____
Cell Phone Number _____
Emergency Contact and Phone Number _____
Referred by: JaxAcupClinic.com, SportsAcupjax.com, Healthprofs.com, Acufinder.com, Friend_____, Doctor_____, Other_____
Major Complaints

_____
_____
_____
_____

How long have you had this condition?_____
What makes it better?_____
What makes it worse?_____
Medications you are currently taking

_____
_____

List Surgeries/Operations you have had

_____
_____

Medical History (Do you have or ever had):

Arthritis Asthma Anemia Dermatitis/Eczema/Rash Hepatitis
HIV/AIDS Heart trouble Cancer Tuberculosis
High Blood Pressure Kidney or Bladder Trouble

Family History (Has any member had any of the above)? Yes No
If yes, which member and what did they have?
_____

Energy Level: _____High (Time of Day)_____
_____Low (Time of Day)_____

Stress None Moderate High

Sweating: Night Sweats Rarely Sweats Excessive

Circulation: Feelings of Hot Cold Bleeds Easily Cold Limbs

Skin: Dry Itchy Acne Hair loss/thinning Bruises easily
Other_____

Sleep Problems: Trouble falling asleep Trouble Staying Asleep
Restful Excessive Dreaming
Other_____

Head: Headaches (What area)?_____
Dizziness Memory Loss Loss of Balance
Other_____

Ears: Poor Hearing Ringing in Ears

Eyes: Dry Eyes Blurry Vision

Nose: Frequent Nose Bleeds Sinus Trouble Frequent Colds

Throat: Sore Throat Jaw Problems Teeth Problems
Dry Throat Lump in Throat

Chest: Hard to Breathe in / out Wheezing Shortness of Breath
Palpitations Coughing Phlegm Persistent Cough Pain/Pressure in Chest

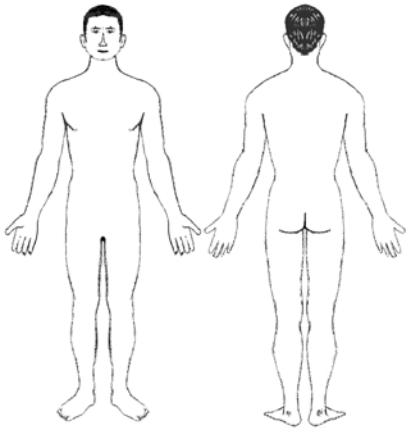
Blood Pressure: High Low Spikes

Bowels: Diarrhea Constipation Bloody Stools Hemorrhoids
Gas _____ Number of Bowel Movements per Day

Urine: Frequent Urination Burning Urination Water Retention
Incontinence Night time
Other_____

Musculoskeletal: Pain Numbness Tingling

Please indicate with an X the area(s) below:



Neurological: Depressed Easily Angered Frequent Crying Anxiety
Mood Swings Poor Concentration Tremors Seizures
Numbness/Tingling

Females: Pregnant? _____ First Day of Last Monthly Period
Menstrual Cycle: Irregular Clotting Heavy Bleeding Light/Scanty
Mood Changes Low or no Sex Drive Painful Breasts Hot Flashes
Discharges: Yellow Thick White Itching

Males: Low Sex Drive Impotence Premature ejaculation

Appetite: Excessive appetite Poor Appetite Excessive thirst

Digestion: Stomach Gas Heartburn Belching Stomach pain
Bitter taste in mouth Abdominal bloating Acid regurgitation
Food allergies? If yes, to what?_____

Effective: March 1, 2008

Updated: January 21, 2010

Notice of Patient Privacy
Health Insurance Portability and Accountability Act
(HIPAA)

Jacksonville Acupuncture Clinic is dedicated to preserving your personal health information. We are required by law to protect your personal medical information and to provide you with a notice describing how your medical information may be used and disclosed and how you can access this information.

Required by law: We must have your written consent before we use or disclose to others your medical information for purposes of providing or arranging for your health care, the payment for or reimbursement of the care that we provide to you, and the related administrative activities supporting your treatment. We may be required by law to use and disclose your medical information for other purposes without your consent or authorization. You are provided the right to request and receive a copy of your medical information that we maintain, amend or correct that information, obtain an accounting and/or disclosure of your medical information, request that we restrict certain uses and disclosures of your health information, and/or complain if you think your rights have been violated in any way.

We have available a detailed NOTICE OF PRIVACY PRACTICES which fully explains your rights and our obligations under the law. We may revise our NOTICE from time to time. The effective date at the top right hand side of the page indicates the date of the most current NOTICE in effect.

You have the right to receive a copy of our most current NOTICE in effect. If you have not received a copy of our current NOTICE, please ask at the front desk and we will provide you with a copy.

If you have any questions or concerns about the NOTICE or your medical information, please contact Jacksonville Acupuncture Clinic at (904) 260-2598. You may also send a written complaint to the US Department of Health and Human Services.

_____

Patient Name Date

_____

Printed Name

RISK DISCLOSURE STATEMENT

Risk Factors Associated with Acupuncture Oriental Medicine Techniques

As in any medical procedure, there are risks involved with acupuncture and Oriental Medicine. The following are some of the known risks and side effects of various techniques of acupuncture and Oriental Medicine.

Acupuncture

- Sensation of warmth, tightness, soreness or tingling when the needle reaches the acupuncture point- a common reaction
- Bruising and bleeding: needles can cause bruising or minor bleeding due to piercing of small blood vessels
- Fainting or Fatigue: temporary lowered blood pressure can cause fatigue, or even fainting immediately after treatment
- Rashes: some people are allergic to metals in contact with their skin, even stainless steel needles. Please inform your physician of any known skin allergies before treatment
- Perforation of vital organs: improperly inserted needles can perforate lungs or other organs- very rare

Electrical Stimulation

- Tingling: electric stimulation to acupuncture points can cause temporary tingling, or "pins and needles" feeling

Herbs

- Allergic reactions: herbs can cause food allergy reactions, including rash, hives, nausea, indigestion. Please inform your physician of any known food allergies
- Drug interactions: some herbs have mild effects that can interact with drugs, to exaggerate or reduce their effects. Please inform your physician of any medications you are taking

Moxibustion

- Blisters and Burns: moxibustion is burning of mugwort, and can cause minor burns if held too long close to the skin

Cupping

- Drawing blood close to the surface of the skin can cause bruising that lasts for a few days

Oriental Massage (Tuina)/Acupressure

- Tuina and other manual therapies often make muscles and tendons sore from direct pressure and stretching
- Bruising: acupressure can cause bruises who are prone to bruising

I have read and understand the risks associated with acupuncture and other Oriental Medicine techniques

_____

Signature of Patient or Guardian Date

Jacksonville
ACUPUNCTURE CLINIC
GENTLE & PERSONALIZED ACUPUNCTURE THERAPY ™

Office and Financial Policies

Introduction

This document contains important information about our professional services and business policies. Please read it carefully and discuss any questions you may have at your next scheduled appointment. By signing this document, you establish an agreement between the patient and/or the patient's representative (hereinafter termed "you") and Jacksonville Acupuncture Clinic, PA (hereinafter termed "we" or "us").

Minors

All members of the family, including children and adolescents, can expect their privacy to be protected. However, if you are under the age of 18, your parents may have a legal right to see your treatment records. Our policy is to ask parents to relinguish this right and, if they agree, to provide them with general information about the minor child's treatment. Before giving parents this information, your physician will discuss the matter with the patient if possible, addressing any objections the patient may have. As previously noted, confidentiality will be suspended and the parents notified if the minor patient is deemed dangerous to himself or to someone else.

Office Hours

Clinic is open from 8am to 8pm M-Thurs and from 8am to 4pm on Fridays. Your appointment will be dertermined based on the physician you are seeing.

Contacting Us

ALWAYS REMEMBER: If you have a potentially life-threatening emergency and need help NOW, CALL 911 or GO TO AN EMERGENCY ROOM IMMEDIATELY. You can contact Jacksonville Acupuncture Clinic, PA once the situation is stabilized.

For situations which can be handled by telephone, you can call the office during hours listed above and speak to a staff member. Our Physicians are usually with patients during business hours and may not be able to take your call immediatley, so be prepared to leave a detailed message and one of our physicians will call you back. The details you provide are crucial to obtaining a prompt and accurate response from us. Urgent matters are handled first. Nonspecific messages, such as those requesting a call back with no further details, are likley to be considered less urgent.

Appointments

Your appointment time is scheduled only for you; there is no double booking. If you cancel your appointment with at least 24 hours notice, we can give that appointment to someone else, and you will not be charged a cancellation fee. If you cancel with less than 24 hour business hours notice, that appointment time is considered lost, and you will be charged for the appointment. If you arrive for your appointment and find that your physician is running late, we apologize for the inconvenience. In many cases, the delay results from an emergency involving another patient or family, and he/she needs extra time to handle the situation. Should you have an emergency one day, we will do the same for you. If your wait will be more than a few minutes, we will inform you as promptly as possible and offer to reschedule your appointment. If you choose to wait, be assured you will receive the same careful attention during your appointment, even if we are late.

Payment and Insurance

Payment for services is due at the time of your appointment and your account must be settled after each visit. You can pay with cash, credit card or check. Jacksonville Accupuncture Clinic, PA requires that you keep a credit card on file at our office in order to cover any unpaid balances. Please complete the attached Credit Card Aggreement Form. This form will be maintained in a secure location in the administrative office. Jacksonville Acupuncture Clinic, PA accepts most major health insurance. If your plan will cover the chrages submitted by Jacksonville Accpuncture Clinic, PA, then you will not be charged for treatment at Jacksonville Acupuncture Clinic, PA. This does not include your deductible. Until your deductible has been met, there will be charges for treatment at Jacksonville Acupuncture Clinic. Please note that insurance does not cover missed or cancelled appointments, and you will be responible for the alloted time and billed at at rate of $80.00-$100.00. At Jacksonville Acupuncture Clinic,PA we understand that things come up in life that are out of your control. Any missed or cancelled appointment will be considered at a case by case determination.

Avoiding Unpaid Balances

We want this practice to be here to care for our patients for many years to come. One way we can do this is by minimizing expenses associated with billing and collecting so that we can focus on providing extraordinary health care. For this reason, we require that your account be settled after each visit. If adverse circumstances temporarily interfere with your ability to pay your entire balance, Jacksonville Acupunture Clinic, at its discretion, may take no action for 30 days. After 30 days, your account will be assesed its charge. We require that you keep a credit card number on file at our office to prevent unpaid charges due to missed appointments or balances not paid at time that services are rendered.

Acknowledgement

I have received a copy of this document, I have read it, and I understand the policies described in it. I understand that I am entering into a binding agreement with Jacksonville Acupunture Clinic, PA, and consent to evaluation and/or treatment. I also acknowledge that I have reviewed the HIPPA Notice of Privacy and Health Information Practices Form located in the patient forms.

Signature of Patient/Responsible Party (18yrs or older) Date

Credit Card Agreement Form

Dear Valued Client/Patient,

You must completely fill out this form.

Jacksonville Acupuncture Clinic requires a legible signature on this form.

This form must be accompanied by a photocopy of your driver's license as well as a photocopy of the front and back of your credit card. Your credit card will only be used for the purpose intended and will be charged for the specified amount as indicated on the Office and Financial Forms Document, which is a binding agreement between you and our office. This form will act as a permanent signature on file for any future credit card transactions.

Patients Name: _____ Date of Birth: _____

Person Responsible for the bill: _____ Date of Birth: _____

Credit Card Number: _____ Expiration Date: _____

Card Security Number: _____ (3digit # on back for Visa, MC, Discover cards; 4-digit # on front of Amex card)

Name (as it appears on the card): _____
(first) (MI) (Last)

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _(_____)_____ Fax: __(_____)_____

Email: _____

Yes___ No____ I, knowing that my account information is private, hereby authorize Jacksonville Acupuncture Clinic PA, 9066 Cypress Green Drive, Jacksonville, Florida 32256, to charge my credit card for all missed or late cancelled appointments or for any additional unpaid balances to my account. I understand this charge will appear on my billing statement as Jacksonville Acupuncture Clinic PA. I further agree that this payment is irrevocable.

Cardholder's
Signature: _____ Date Signed: _____