

Welcome to Our Community!

What is different about We the People Community Acupuncture?

- **We know that frequent treatment can be the key to good results**

Acupuncture is a PROCESS. It is very rare for any acupuncturist to be able to resolve a problem completely with one treatment. The usual American model of treatment once every few weeks or once a month is primarily due to cost. Frequent treatment is much more likely to lead to relief. Your acupuncturist will suggest a course of treatment, based on our experience with treating different kinds of conditions. If you don't come in often enough or long enough, acupuncture may not work as well for you. The purpose of our sliding scale is to help you engage with the process of treatment in order to get good results.

- **We have a sliding scale**

We have a sliding scale of \$15-40. You decide what you can afford, there is never any need to prove your income. There is a one-time \$10 consultation fee for your first appointment.

At We the People, the way we can make acupuncture affordable and still make a living ourselves is to see multiple patients per hour. Because we have a sliding scale, we cannot do insurance billing (that's the insurance companies' rule). If you have insurance, we'll be happy to give you a payment receipt so you can submit it.

We the People Community Acupuncture does not receive grants, state or federal money, or insurance reimbursement. WPCA exists because patients pay for their treatments – it a sustainable community business model.

- **We treat in a community setting**

In our clinic we use recliners, clustered in groups in a quiet, soothing space. Treating patients in a community setting has many benefits: it's easy for friends and family members to come in for treatment together; many patients find it comforting.

Although we work in a community space, as medical professionals we will always adhere to standards of patient confidentiality, and have found that our patients are also extremely respectful. While we love seeing our patients out in the community, we will continue to respect your confidentiality and any social interaction will be purely up to you.

Our Commitment to You

We want our community to be welcoming to all different kinds of people. We want to give you the tools to take care of your own health so that you will not need to rely on Big Insurance or Big Pharmaceuticals for costly, high-tech interventions. We will provide a safe environment with skilled practitioners. Please enjoy the space. We do, and hope that We the People Community Acupuncture can be an important part of your community.

Thank you,

We the People Community Acupuncture Staff



PATIENT INFORMATION	CONTACT INFORMATION
Date _____ Name _____ Address _____ City State Zip _____ Age _____ Birthdate _____ Occupation _____ Company name _____ How did you hear about us? _____ _____	Home phone _____ Work phone _____ Other/cell phone _____ Email _____ (we will never share your email but having it helps us to let you know about special promotions ☺) Another person we may contact if needed: Name _____ Relationship _____ Home phone _____ Work phone _____

HEALTH HISTORY	
What are your primary concerns for coming in for treatment? 1- _____ 2 - _____ 3 - _____ How is your sleep? _____ _____ How is your digestion? _____ _____ List medications or vitamin supplements you are taking. _____ _____ List serious illnesses, accidents or surgeries. _____ _____ Check illnesses that have occurred in blood relatives. ___ Diabetes ___ High blood pressure ___ Stroke ___ Cancer ___ Heart disease ___ Kidney disease	Check symptoms you have or have had in the last year: <input type="checkbox"/> Depression <input type="checkbox"/> Difficulty in focusing <input type="checkbox"/> Dizziness <input type="checkbox"/> Easily startled <input type="checkbox"/> Excessive worry <input type="checkbox"/> Excessive anger <input type="checkbox"/> Excessive fear <input type="checkbox"/> Fatigue/tiredness <input type="checkbox"/> Headaches <input type="checkbox"/> Loss of sleep/poor sleep <input type="checkbox"/> Loss or gain of weight <input type="checkbox"/> Nervousness/irritability <input type="checkbox"/> Overwhelmed by life Check conditions you have or have had in the past: <input type="checkbox"/> AIDS, Hepatitis, other blood borne disease <input type="checkbox"/> Allergies <input type="checkbox"/> Anemia <input type="checkbox"/> Arthritis <input type="checkbox"/> Bleeding disorders <input type="checkbox"/> Breast lump <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes How long has it been since you have had a complete medical exam? _____

Check symptoms you have or have had in the last year:

MUSCLE/JOINT/BONES

- Tremors c Cramps
- Swollen joints

Pain, weakness, numbness in:

- Arms
- Hips
- Back
- Legs
- Feet
- Neck
- Hands
- Shoulders

EYES/EAR/NOSE/THROAT/RESPIRATORY

- Asthma/wheezing
- Blurred or failing vision
- Difficulty breathing
- Earache
- 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
- Bruise easily
- Dry skin
- Itching/rash
- Sensitive skin
- Sore won't heal
- Sweats

GENITO/URINARY

- 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
- Constipation
- Diarrhea
- Heartburn
- Difficulty swallowing
- Distention of abdomen
- Excessive hunger
- Gall bladder trouble
- Hemorrhoids
- Indigestion
- Nausea
- Pain over stomach
- Poor appetite
- Vomiting

PLEASE CHECK IF APPLICABLE

- Erection difficulties
- Penis discharge
- Prostate trouble
- Bleeding between periods
- Clots in menses
- Excessive menstrual flow
- Extreme menstrual pain
- Irregular cycle
- Menopausal symptoms
- PMS
- Previous miscarriage
- Scanty menstrual flow

Could you be pregnant? _____

Children? _____

Ages _____

SIGNATURE

The information on this form is correct to the best of my knowledge.

Signature _____ Date _____

Informed Consent

Acupuncture means the stimulation of a certain point or points near the surface of the body by insertion of special needles. The purpose of acupuncture is to prevent or modify the perception of pain, and is thus a form of pain control. In addition, through normalization of physiological functions, it is also effective in the treatment of certain diseases or dysfunctions of the body.

Acupuncture includes needle insertion and moxabustion (the therapeutic use of thermal stimulus at acupuncture points by burning artemesia).

The Potential Risks:

Slight pain or discomfort at the site of needle insertion, infection (rare), bruises, weakness, fainting, slight blistering, and aggravation of problematic systems existing prior to acupuncture treatment.

I state that I do not have any of the following conditions:

- * Pregnancy
- * Bleeding Disorders
- * Pacemaker
- * High blood Pressure
- * Local Infections
- * Use of Anticoagulants

If I do have any of the above conditions, I have listed them here:

The Potential Benefits :

Acupuncture may allow for the painless relief of one's symptoms without the need for drugs, and improve the balance of bodily energies leading to the prevention of illness, or the elimination of a presenting problem. No absolute guarantee can ever be given to the efficacy of any treatment.

With this knowledge I voluntarily consent to the above procedures.

Signature of Patient or Person Authorized to Consent

Date



FINANCIAL POLICY

WE THE PEOPLE COMMUNITY ACUPUNCTURE MAKES EVERY ATTEMPT TO MAKE HEALTH CARE, AS ACUPUNCTURE AND ORIENTAL MEDICINE, AVAILABLE TO AS MANY PEOPLE AS POSSIBLE AT THE MOST AFFORDABLE RATES.

IN RESPECT FOR OUR INTENTION TO OFFER SERVICES IN THIS WAY, PLEASE NOTE:

- PAYMENT IS DUE AT THE TIME OF SERVICE.
- THERE IS A \$10 CHARGE FOR ANY RETURNED CHECKS.
- WE ASK FOR 24 HOURS NOTICE IN ADVANCE IF IT IS NECESSARY TO CANCEL OR RESCHEDULE AN APPOINTMENT.

THANK YOU FOR YOUR UNDERSTANDING,

WE THE PEOPLE COMMUNITY ACUPUNCTURE STAFF

SIGNATURE _____ DATE ____/____/____

PRINTED NAME _____