

Luke Acupuncture Consent Form

Acupuncture is performed by the insertion of needles through the skin. As a result of this type of treatment, there may be occasional local bruising, minor bleeding, feeling faint, temporary pain or discomfort. Moxibustion is a heat therapy utilizing moxa (mugwort leaf) to warm the acupuncture points. In rare cases it may cause minor burns like sunburn. Anything considered unusual should be reported immediately to Luke.

In the treatment protocol, Luke may recommend taking Chinese herbs in bulk, powders or pill form. These herbs will be recommended to you in safe doses. Large doses of herbs taken without Luke's recommendation may cause side effect, such as upset stomach, etc. If any of symptoms occur without probable cause (i.e. eating something harmful), you should stop taking the herbs and notify Luke.

If you purchase the prepaid package, please be notified that the payment **cannot be** refund after the first treatment was offered.

Luke Acupuncture does not bill insurance or other third-party payers. Therefore, it is your sole responsibility to request reimbursement from your health insurance plan if you desire reimbursement of costs paid.

As a courtesy, your appointments are confirmed electronically the day before your scheduled appointment by a text message. You can reschedule/cancel your appointment from the appointment confirmation email.

Luke Acupuncture requests at least 24 hours' notice for cancellations or rescheduling of appointments. Any appointment missed, late cancelled, or changed without 24 hours' notice will result in a **\$35 fee**.

I have read and understand the information provided.

Name (Print)

Signature

Date

Notice of Privacy Practices

This notice describe how health information about you may be used and disclosed, and how you can get access to your health information.

Understanding your health record: A record is made each time you visit Luke Acupuncture. Your symptoms, the practitioner's plan of treatment are recorded. This record serves as a basis for planning your care and treatment at future visits, and also serves as a means of communication among other health professionals who may contribute to your care. Understanding what information is retained in your record and how that information may be used will assist you to ensure it is accurate and make informed decisions about who, what, when, where, and why others may be allowed access to your health information.

Understanding your health information rights: Your health record is the physical property of Luke Acupuncture, but the content is about you, and therefore belongs to you. You have the right to review or obtain a paper copy of your health record. You have the right to request restrictions on certain uses and disclosures of your information, to authorize disclosure of the record to others, and be given an account of those disclosures.

Our responsibility: Luke Acupuncture is required to maintain the privacy of your health information and to provide you with this notice of our privacy practices. Luke Acupuncture reserves the right to change the practices and promises to make a good faith effort to notify you of any changes. Other than for the reasons described in this notice, Luke Acupuncture agrees not to use or disclose your health information without your authorization.

I _____

Name (Print)

understand my health information will be used and disclosed consistent with these notices.

Signature

Date

Health History

Name _____ DOB _____ Gender _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ E-mail _____

Height _____ Weight _____

Occupation _____ Marital Status _____

Referred by Family/Friend Internet Phone Book Others _____

Main Complaint _____

Please **check** any disease you have in the past.

- | | |
|--|--|
| <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> Hepatitis _____ |
| <input type="checkbox"/> Allergic to _____ | <input type="checkbox"/> Heart Disease _____ |
| <input type="checkbox"/> Cancer _____ | <input type="checkbox"/> Surgeries _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Tuberculosis |

Other significant illnesses _____

Medications (current and significant past medicines)

Treated for emotional problems?

The following questions are **for female only**:

- Are you pregnant right now? _____
- Are you trying to get pregnant? _____
- Age of first menses _____
- Age of menopause _____
- # of pregnancies _____
- # of births _____

Circle areas of concern:

