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Welcome,

At Milwaukee Community Acupuncture, our mission is to provide quality healthcare at affordable rates, making acupuncture accessible to everyone in the community. Please fill out the enclosed paperwork and bring it to your first visit. You may also arrive early to your appointment to fill out the forms in our waiting area. Treatments generally take 45 – 60 minutes.

Please:

- Talk in a soft voice at our clinic and respect the privacy of the other patients.
- Wear or bring loose, comfortable clothes. Your pants should easily slide above your knees. Wear a V-neck shirt, tank top, or button-down shirt.
- Refrain from wearing perfume or cologne while in our clinic. This can trigger a reaction in other patients with sensitivities. If you are currently wearing perfume or cologne, please wash it off before your treatment begins.
- Make sure to have something to eat 1 to 2 hours before your appointment (don't arrive on an empty stomach).
- Refrain from brushing or scraping your tongue the day of your appointment as we look at it for diagnostic purposes.
- Choose a chair with a basket in the seat in the treatment room and leave baskets on the floor when you finish with your treatment. We use this as a way to mark that the chair has been checked over for cleanliness prior to someone sitting in it.

At your appointment we will discuss a treatment plan and schedule additional appointments. Our recommendations are based on our experience in treating different conditions. Most patients require a series of treatments. Rarely is a condition resolved in just one treatment. It is important to get acupuncture often enough and long enough to get the best results.

MCA does not provide primary care medicine. Acupuncture is a wonderful complement to Western medicine, but it is not a substitute for it. If you think you have a serious health condition or want a medical diagnosis you need to see a primary care physician. We can provide complementary care for conditions which require a physician's attention – for instance, we often treat patients for the side effects of chemotherapy. However, you need to take responsibility for your own health.

Milwaukee Community Acupuncture offers a unique cost structure that allows you to choose how much you are able to pay (between \$15 - \$40) for each visit, and an additional fee of \$10 for your first visit. No explanations are required and you can change the amount at any time. We accept cash, checks, debit, and credit cards for payment.

Thank you for supporting community acupuncture. We look forward to working with you to improve and maintain your health.

Milwaukee Community Acupuncture

PATIENT INFORMATION	CONTACT INFORMATION
Name _____	Primary phone _____
Address _____	Alternate phone _____
City State Zip _____	Email _____
OK to contact at address? <input type="checkbox"/> Yes / <input type="checkbox"/> NO	Best way to contact you: <input type="checkbox"/> Phone <input type="checkbox"/> Email
Age _____ Birthdate _____ Gender _____	Emergency Contact _____
Occupation _____	Emergency Contact Relationship _____
Who can we thank for your referral? _____	Phone _____
First time getting acupuncture? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Physician _____
Today's date _____	Check if you receive Medecaid benefits <input type="checkbox"/>

HEALTH HISTORY	
<p>What are your primary reasons for coming in for treatment?</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>How is your sleep? _____</p> <p>_____</p> <p>How is your digestion? _____</p> <p>_____</p> <p>Medications/ supplements you take (continue on back) _____</p> <p>_____</p> <p>Major illnesses/ accidents/ surgeries? (continue on back) _____</p> <p>_____</p> <p>How long since your last complete medical exam? _____</p>	<p>Check illnesses that you have or have had:</p> <p><input type="checkbox"/> Diabetes <input type="checkbox"/> High blood pressure <input type="checkbox"/> Stroke <input type="checkbox"/> AIDS/HIV <input type="checkbox"/> Cancer <input type="checkbox"/> Heart disease <input type="checkbox"/> Auto-immune <input type="checkbox"/> Hepatitis <input type="checkbox"/> Thyroid disorder <input type="checkbox"/> Endocrine disorders <input type="checkbox"/> Other: _____</p> <p>Check symptoms you have or have had in the last year:</p> <p><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</p> <p>Are you or could you be pregnant? _____</p>

HEALTH HISTORY (CONTINUED)

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

Muscle/ Joint/ Bones

- Tremors or cramps
- Swollen joints

Pain, weakness, numbness in:

- Arms/ wrists/ hands
- Lower back/ Hips
- Legs/ knees
- Ankles/ feet
- Neck/ upper back
- Shoulders
- Head
- Other: _____

Eyes/ Ear/ Nose/ Throat/ Respiratory

- Asthma/ wheezing
- Changes in vision
- Ear-ache
- Enlarged glands
- Eye pain/ infections
- Frequent colds
- Hay fever/ allergies
- Hoarseness/ sore throat
- Gum trouble
- Nose bleeds
- Loss of hearing
- Persistent cough
- Ringing in ears
- Sinus congestion/ infections

Skin

- Acne
- Bruise easily
- Dry skin
- Itching/ rash area(s): _____
- Sensitive skin
- Sore won't heal
- Sweating

Genito/ Urinary

- Blood in urine
- Frequent urination
- Inability to control urine
- Lowered libido

Cardiovascular

- Chest pain
- 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 problems
- Constipation
- Diarrhea
- Difficulty swallowing
- Excessive hunger
- Gall bladder trouble
- Hemorrhoids (piles)
- Indigestion
- Nausea and/ or vomiting
- Pain over stomach
- Poor appetite

Male Reproductive

- Erection difficulties
- Unusual discharge
- Prostate trouble

Female Reproductive

- Bleeding between periods
- Clots in menses
- Excessive or scanty menstrual flow
- Missed periods
- Extreme menstrual pain
- Irregular cycle
- Menopausal symptoms
- PMS/ mood changes with cycle
- Previous miscarriage and/ or fertility difficulties

Anything else you would like us to know?



**CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION FOR TREATMENT, PAYMENT,
OR HEALTHCARE OPERATIONS**

This notice describes how medical information about you may be used and disclosed, your rights as a patient, and ways for you to get additional information on our policies.

We will always be respectful and protective of your personal information. Under federal regulations (the HIPAA Privacy Act), we have adopted additional guidelines to ensure the proper use confidentiality and disclosure of your health information.

We may release or disclose your health information:

- For treatment purposes to another healthcare provider or clinic if I refer you, or to providers or staff within our clinic that are taking part in your healthcare.
- For billing and collection purposes, I may release records of your healthcare and information that you have provided to your insurance carrier or other financially responsible parties.
- For operational purposes within our clinic for quality control, office administration, record keeping, and staff training.

We may also use your personal health information to contact you regarding your appointments, to send you information about our clinic or office events, or to share treatment options. You have the right to refuse to provide authorization for us to contact you regarding these matters. If you would like to receive this information at a number or address other than your home, or if you would like the information in a certain form (phone, mail, or email), please advise us in writing.

You have the right to inspect, obtain a copy of, or amend your records at this office. If you do not provide us with this authorization, it will not affect the care provided to you or the reimbursement avenues associated with your care. Requests to inspect, copy or amend your health related information should be provided in writing.

We will not disclose information about you to anyone outside our office without your written approval. Information we use or disclose based on this privacy notice may be subject to re-disclosure by the person to whom we provide the information and may no longer be protected by the federal privacy rules.

If you have a complaint regarding our privacy notice or practices, you should direct your complaint in writing to the Clinic Director.

Printed Name

Signature

Date

Cancellation Policy

Milwaukee Community Acupuncture requires 24 hours notice to cancel an appointment. Missed appointments and appointments canceled within 24 hours of the appointment time will incur a \$15 fee.

Printed Name

Signature

Date