MILWAUKEE COMMUNITY ACUPUNCTURE

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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? __Yes / __NO	Best way to contact you: ___Phone ___Email
Age ____ Birthdate _____Gender_____	Emergency Contact _____
Occupation _____	Emergency Contact Relationship _____
Who can we thank for your referral? _____	Phone _____
First time getting acupuncture?___Yes ___No	Primary Physician _____
Today's date _____	Check if you receive Medicaid benefits ___

HEALTH HISTORY

What are your primary reasons for coming in for treatment?

1. _____
2. _____
3. _____

How is your sleep?_____

_____

How is your digestion? _____

_____

Medications/ supplements you take (continue on back)_____

_____

Major illnesses/ accidents/ surgeries? (continue on back)_____

_____

How long since your last complete medical exam?

_____

Check illnesses that you have or have had:

__ Diabetes __ High blood pressure __Stroke
__ AIDS/HIV __ Cancer __ Heart disease
__ Auto-immune __Hepatitis
__ Thyroid disorder __Endocrine disorders
__Other:_____

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

__ Depression
__ Difficulty in focusing
__ Dizziness
__ Easily startled
__ Excessive worry
__ Excessive anger
__ Excessive fear
__ Fatigue/ tiredness
__ Headaches
__ Loss of sleep/ poor sleep
__ Loss or gain of weight
__ Nervousness/ irritability
__ Overwhelmed by life

Are you or could you be pregnant?_____

Are you a veteran? _____

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?

_____

_____

_____

MILWAUKEE COMMUNITY ACUPUNCTURE

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. By signing below, I agree to this policy.

_____	_____	_____
Printed Name	Signature	Date

Cancellation Policy

Milwaukee Community Acupuncture requires 12 hours notice to cancel an appointment. I agree to pay a $15 fee for any missed appointments or appointments cancelled within 12 hours.

_____	_____	_____
Printed Name	Signature	Date