



NE COMMUNITY ACUPUNCTURE & Wellness Center

1224 2ND ST NE SUITE 201 MINNEAPOLIS MN 55413
612.399 6322 WWW.NECOMMUNITYACUPUNCTURE.COM

Health History Questionnaire and Registration

PATIENT INFORMATION	CONTACT INFORMATION
<p>Date _____</p> <p>Name _____</p> <p>Address _____</p> <p>City State Zip _____</p> <p>Age _____ Birthdate _____</p> <p>Occupation _____</p> <p>Company name _____</p> <p>Primary physician _____</p> <p>Physician phone number _____</p> <p>How did you hear about us? _____</p> <p>_____</p>	<p>Home phone _____</p> <p>Work phone _____</p> <p>Other/cell phone _____</p> <p>Email _____</p> <p>Another person we may contact if needed:</p> <p>Name _____</p> <p>Relationship _____</p> <p>Home _____ phone</p> <p>Work phone _____</p>

HEALTH HISTORY

<p>What are your primary concerns 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>List medications or food supplements you are taking.</p> <p>_____</p> <p>_____</p> <p>List serious illnesses, accidents or surgeries.</p> <p>_____</p> <p>_____</p> <p>Check illnesses that have occurred in blood relatives.</p> <p>c Diabetes c High blood pressure c Stroke c Cancer c Heart disease c Kidney disease</p>	<p>Check symptoms you have or have had in the last year:</p> <ul style="list-style-type: none"> <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>Check conditions you have or have had in the past:</p> <ul style="list-style-type: none"> <input type="checkbox"/> AIDS <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 <p>How long has it been since you have had a complete medical exam? _____</p>
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HEALTH HISTORY...CONTINUED

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

MUSCLE/JOINT/BONES

- Tremors c Cramps
- Swollen joints

Pain, weakness, numbness in:

- Arms or Hips
- Back Legs
- Feet
- Neck
- Hands
- Shoulders
- Other _____

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

FOR MEN ONLY

- Erection difficulties
- Penis discharge
- Prostate trouble

FOR WOMEN ONLY

- 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? _____

SIGNATURE

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

Signature _____ Date _____

NE COMMUNITY ACUPUNCTURE + WC provides high quality acupuncture treatment at affordable rates in a supportive community setting. We practice a style of acupuncture which mostly uses “distal” points in the hands, feet and head to treat problems anywhere in the body – meaning we will probably treat pain in your back by placing tiny needles in your hands. Research in the United States (as well as thousands of years of tradition in Asia) has shown that acupuncture is most effective when it is done frequently and regularly – once a week is usually the minimum required to make progress on any kind of health problem.

Community Fee Structure

There is a one-time \$10 paperwork fee with the first appointment.

Acupuncture appointments are on a sliding scale of \$15 - \$40 per treatment

You decide what you can afford.

The purpose of our sliding scale is to separate the issues of money and treatment; we want you to come in often enough to really get better and stay better! We understand that everyone’s situation is different, and our primary goal is to make acupuncture available to you as often as you need it.

*If the lower end of our sliding scale still seems too high for you, please contact us at 612-399-6322.



NE Community Acupuncture Informed Consent

I understand that the scope of practice of acupuncturists according to Minnesota State Law includes, but is not limited to, the following forms of therapy which all have benefits for specific types of problems:

- *USING ORIENTAL MEDICAL THEORY TO ASSESS AND DIAGNOSE A PATIENT
- *USING ORIENTAL MEDICAL THEORY TO DEVELOP A PLAN TO TREAT A PATIENT.

TREATMENT TECHNIQUES MAY INCLUDE:

- OInsertion of sterile, single -use, disposable acupuncture needles through the skin
- OAcupuncture stimulation including, but not limited to, electrical stimulation or the use of moxibustion
- OCupping
- OTui Na Massage & Deep Tissue Massage
- ODermal Friction OAcupressure OHerbal Therapies
- ODietary counseling based on Traditional Chinese Medical principles

RISKS OF THE ABOVE FORMS OF THERAPY INCLUDE:

- OAcupuncture needles inserted into the skin can cause pain or discomfort, bruising, infection, risks of feeling weak, fainting or nausea, and broken needles. Risk of fainting, weakness and nausea are increased with an empty stomach, alcohol or drugs.
- OElectro-acupuncture can cause some conditions to worsen. It should be used with caution in cases where the patient has a heart condition. It should not be used across the midline of the body.
- OAcupressure, acupuncture, cupping, tui na , deep tissue massage and dermal friction may cause bruising and/or soreness.
- OHerbs have different properties and may have adverse reactions/side effects if improperly used.

INFORMED CONSENT FOR TREATMENT

I hereby acknowledge that I have been advised of the benefits and risks of acupuncture. I understand the risks and benefits and consent to accept treatment using these methods. I agree to release the below named acupuncturist from all legal responsibility for practices done here except in the case of negligence or unsafe practice on the part of said acupuncturist. I understand that all practitioners at NECA have completed formal programs of study, is certified by the National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM), and are licensed with the State of Minnesota by the Minnesota Board of Medical Practice.

Please circle

I do / do not have a pacemaker.

I do / do not have a bleeding disorder.

I have been / have not been examined by a physician or other licensed health care provider.

You are advised to see your physician about the problem for which you have come here to be treated.

Patient Signature

Date

NECA Practitioner

Date

Welcome to Our Community!



What is different about NE 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 paperwork fee for your first appointment.

At NECA, 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.

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

We treat in a community setting

In our clinic we use zero gravity recliners, 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 NE Community Acupuncture can be an important part of your community.

Thank you,

NE Community Acupuncture Staff



**NE COMMUNITY ACUPUNCTURE
AND WELLNESS CENTER**

1224 2ND ST NE SUITE 201
MINNEAPOLIS MN 55413
612-399-6322 (NECA)

FINANCIAL POLICY

NE COMMUNITY ACUPUNCTURE & WELLNESS CENTER MAKES EVERY ATTEMPT TO MAKE ALTERNATIVE HEALTH CARE, AS ACUPUNCTURE AND CHINESE MEDICINE, AVAILABLE TO AS MANY PEOPLE AS POSSIBLE, AT THE MOST AFFORDABLE RATES.

IN RESPECT FOR OUR INTENTION TO OFFER HIGH QUALITY HEALTH CARE AT AFFORDABLE PRICES, WE ASK FOR 24 HOURS NOTICE IN ADVANCE OF AN APPOINTMENT IF IT IS NECESSARY TO CANCEL OR RESCHEDULE AN APPOINTMENT.

ALL APPOINTMENTS THAT ARE RESCHEDULED OR CANCELLED WITH LESS THAN 24 HOUR ADVANCE NOTICE, AND APPOINTMENTS MISSED WITHOUT NOTICE, WILL BE CHARGED THE REGULAR FEE FOR THAT APPOINTMENT. IF APPOINTMENTS HAVE BEEN PURCHASED IN A PACKAGE, THE MISSED, CANCELLED OR RESCHEDULED APPOINTMENT WILL BE DEDUCTED FROM THE NUMBER OF REMAINING APPOINTMENTS IN THAT PACKAGE.

THANK YOU FOR YOUR UNDERSTANDING,

NE COMMUNITY ACUPUNCTURE AND WELLNESS CENTER STAFF

SIGNATURE _____ DATE ____/____/____

PRINTED NAME _____

