Mind Body Spirit

ACUPUNCTURE CENTER

2001 S. Barrington Ave. Ste 111 Los Angeles, CA 90025

PATIENT INFORMATION

Last Name First Name Middle Name

☐ Parent/Guardian of patient? Name and relationship to Patient: _____

Today's Date: ____/____/____ ☐ Male ☐ Female Social Security No. _____

Date of Birth: ____/____/____ Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Other

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: ( ) _____ Work: ( ) _____

Cell: ( ) _____ E-mail: _____

Occupation: _____

Employer: _____ Telephone: ( ) _____

Employer Address: _____

INSURANCE INFORMATION

Company Name: _____ Policy Holder's Name: _____

Policy Number: _____ Group Number: _____

EMERGENCY CONTACT

Name: _____ Relationship to you: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: ( ) _____ Evening: ( ) _____

REFERRED BY

☐ Name: _____

☐ Website: _____

☐ School: _____

Name: _____

Goals: What would you most like to achieve through your work at Mind Body Spirit Acupuncture Center?

1 _____

2 _____

3 _____

4 _____

5 _____

Symptoms: Please list in order of importance what symptoms are of concern to you.
(Most concerning to least, along with the duration of each symptom.)

1 _____

_____

2 _____

_____

3 _____

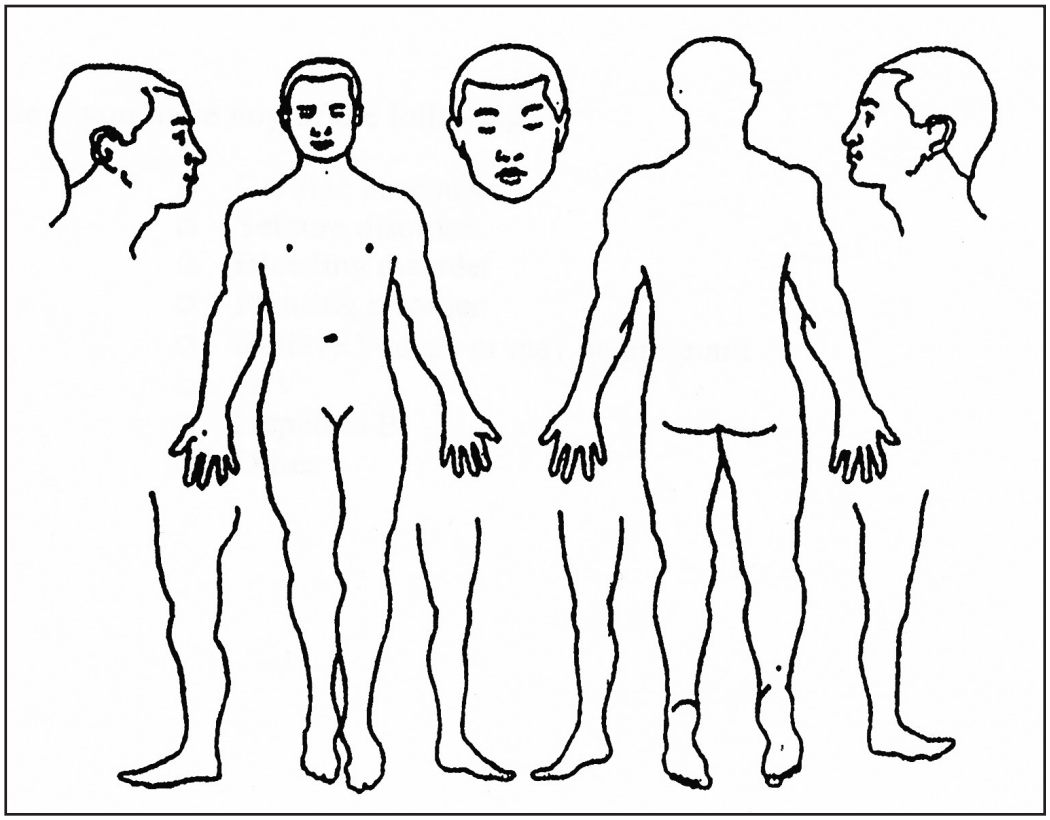
_____

4 _____

_____

Use the illustration to the right to indicate any painful or distressed areas on the body.

X = MILD
XX = MODERATE
XXX = STRONG



Name: _____

Family History:

Heart Disease Stroke Diabetes Cancer Asthma

Allergies Seizures High Blood Pressure

Other: _____

Medicines: Vitamins, prescription drugs, herbs, etc. taken within the last two months.

_____

_____

Occupation: Occupational stress (chemical, physical, psychological, etc.)

_____

Do you have a regular **exercise** program? _____ Please describe: _____

_____

Have you ever been on a restricted **diet**? _____ What kind? _____

_____

Please describe your average daily diet:

Morning Afternoon Evening

_____

_____

_____

How many packs of cigarettes to you smoke a day? _____

How much coffee, tea, or soda do you drink per week? _____

How much alcohol do you drink per week? _____

Please describe any use of drugs for non-medicinal purposes: _____

Please indicate if you have any of the following:

- ☐ Cardiac pacemaker
- ☐ Seizure disorder
- ☐ Bleeding disorder
- ☐ Fainting disorder
- ☐ Believe you are or may be pregnant
- ☐ HIV
- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ Other

Name: _____

PATIENT MEDICAL HISTORY

Please check off all symptoms that pertain to you

- ☐ cold hands/feet
- ☐ fatigue
- ☐ feverish in the afternoon
- ☐ heat sensation in hands, feet, chest
- ☐ night sweats
- ☐ catch colds easily
- ☐ sweat easily
- ☐ dizziness
- ☐ see floating black spots

- ☐ palpitations
- ☐ sores on tip of tongue
- ☐ restlessness
- ☐ anxiety
- ☐ chest pain radiating to shoulder
- ☐ insomnia

- ☐ cough
- ☐ sinus congestion
- ☐ dry mouth, throat, nose or skin
- ☐ allergies
- ☐ chills alternating with fever
- ☐ stiff neck/shoulders
- ☐ sore throat
- ☐ difficult breathing

- ☐ low appetite
- ☐ loose stools
- ☐ constipation
- ☐ abdominal bloating and/or gas after eating
- ☐ feeling tired after eating
- ☐ prolapsed organs (previously diagnosed)
- ☐ bruise easily
- ☐ general feeling of heaviness in body
- ☐ mental heaviness, sluggishness or fogginess
- ☐ swollen hands/feet
- ☐ burning sensation after eating
- ☐ large appetite
- ☐ bad breath
- ☐ mouth (canker) sores
- ☐ bleeding, swollen, painful gums
- ☐ heartburn/belching
- ☐ vomiting

- ☐ diarrhea alternating with constipation
- ☐ tight feeling in chest
- ☐ bitter taste in mouth
- ☐ blood shot/dry eyes
- ☐ anger easily
- ☐ skin rashes
- ☐ headaches
- ☐ numbness of hands/feet
- ☐ muscle spasms, twitching, cramping
- ☐ seizures/convulsions

- ☐ sore, cold or weak knees
- ☐ low back pain/soreness
- ☐ frequent urination
- ☐ get up more than once per night to urinate
- ☐ lack of bladder control
- ☐ memory problems
- ☐ hair loss
- ☐ ringing in ears

Urine is:

- ☐ normal color
- ☐ clear
- ☐ dark yellow
- ☐ reddish
- ☐ cloudy
- ☐ scanty
- ☐ has odor
- ☐ burning
- ☐ painful
- ☐ difficult
- ☐ urgent

Libido (sex drive) is:

- ☐ normal
- ☐ low
- ☐ high

Name: _____

WOMEN ONLY

Please answer each question or check the appropriate response

1. Are you pregnant now? ☐ Yes ☐ No
2. Number of children: _____
3. Number of pregnancies: _____
4. Age of first period: _____
5. Age of menopause (if applicable): _____
6. Is your mentrual cycle regular? _____
   a) Average number of days of flow: _____
   b) The flow is: ☐ normal ☐ heavy ☐ light
   c) The color is: ☐ normal ☐ dark ☐ purple ☐ light brown ☐ brown
   d) Do you have the following menstruation related signs/symptoms?
      - ☐ blood clots
      - ☐ cramps
      - ☐ nausea
      - ☐ breast distension
      - ☐ PMS
      - ☐ bleeding between periods
      - ☐ heavy vaginal discharge between periods

MEN ONLY

Please check off all symptoms that pertain to you

- ☐ Feeling of coldness or numbness in external genitalia
- ☐ Pain or swelling of testicles
- ☐ Premature ejaculation
- ☐ Impotence/erectile dysfunction

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Notice and authorization for insurance billing

In order to get the best Acupuncture benefits from your insurance, our office has been helping clients to bill the insurance. Our billing policy is as follows:

1. We are an out-of-network provider, and our office only accepts PPO plans that cover out-of-network Acupuncture services.
2. You are required to pay in full before we receive your insurance payment. You will receive reimbursement afterwards. Once we know what your benefits are, you will just be required to pay the difference. If we have attempted to bill your insurance for a period of three months and we have not received payment for whatever reason, you will be required to pay the balance due to us.
3. Your billing statement will show: *The signature on file.*

Please sign the following agreement:

I, _____, authorize Jiling Hu, OMD, L.Ac. to bill by insurance. I have read and agree to the above statements.

Your Signature: _____

Date: _____

Provider: Jiling Hu, OMD, L.Ac.

1/2/2013

Informed Consent

Acupuncture is part of a larger medical system called Chinese Medicine that includes other therapeutic modalities. This medical system relies on your body's innate healing capacity and requires each person to take responsibility for his/her own health by participating in the healing process. In some cases, symptoms may relapse or intensify temporarily during the course of treatment before relief is sustained. Every patient participates with the acupuncturist in a healing partnership. The statements below describe some of the therapeutic modalities which may be employed during treatment, and assist in patient understanding and participation in the treatment process.

Acupuncture is a technique using small, sterile, stainless steel needles inserted at specific points in the body, causing a positive response in order to correct various ailments. Only disposable needles are used in this clinic. The location of the application of the needles and the depth of the needle insertion is determined by the nature of the problem. I understand that the application of these needles may be accompanied by a brief painful sensation, and that there is a slight possibility of minor swelling, bleeding, discoloration of the skin, hematoma, a bruise at the needling site of fainting. Momentary euphoria or light-headedness may occur after acupuncture treatment. The attending acupuncturist can easily handle any immediately reported problems that arise from the acupuncture treatment, and the possibility of minor problems need not be a cause of concern.

Electrical stimulation of the acupuncture needles involves using a small, battery-powered stimulator attached by wires to the acupuncture needles. A slight throbbing or tingling sensation may be felt during and for a few hours after the use of this stimulator. Ths modality is usually employed for pain management and other specific conditions.

Moxibustion is the application of indirect heat supplied by burning the herb *Folium Artimesiae Vulgaris* (commonly known as *mugwort*), over a single acupuncture point, or group of points. This generally produces a pleasurable sensation of relaxation. The area being treated may remain red and warm for several hours after treatment. In rare incidents, a minor burn may occur at the site of moxibustion. The attending acupuncturist can readily address this.

Cupping uses round vacuum cups over a large muscular area, such as the back, to enhance blood circulation to the designated area. This method may produce a deep redness, discoloration and, on rare occasions, a minor blister, which may persist for up to several days. These marks may resolve on their own and are not indications of complications or injury.

Qi Gong, Chinese for "energy work," is a non-invasive healing modality that predates the use of acupuncture needles, and incorporates the same therapeutic basis as acupuncture.

Herbal supplements are used to facilitate the body's own restorative process. These herbs are usually taken in tea form by boiling dried plants in their natural forms. Chinese herbal teas tend to taste bitter because they are made mostly from roots and barks. On rare occasions, temporary gastric upset may occur. If any discomfort persists, and is accompanied by hives or shortness of breath, contact our attending acupuncturist immediately.

Patient's Signature *Date*

Signature of Patient's Representative *Date*