

Wendy Stedeford Acupuncture
Patient Information Form

Please fill out Both the Front and Back

First name: _____ Last: _____ MI: _____ Today's Date: _____

Date of Birth: _____ Social Security number if necessary: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip code: _____

Occupation: _____

Employer/School: _____

Please give us the best phone number where we can leave messages with information regarding your appointments and/or treatments: _____ home/cell/work

Other numbers where we can reach you: _____ home/cell/work
_____ home/cell/work

If you are interested in our newsletter please give us your email address: _____

How did you hear about us? (Please circle)

Newspaper ad or story Phone book Mailer/flyer Website Event Medical referral
Friend/Family Other: _____

Emergency Contact Info:

Name and relationship to patient: _____

Phone number and alternative way to reach the emergency contact: _____

Type of Patient

Please Circle: Are you a: CASH INSURANCE WORK COMP PERSONAL INJURY patient?

Date of onset of chief concern or injury: _____

If you are a **CASH** patient, please skip to the next shaded section
If you are an **INSURANCE, WORK COMP** or **PERSONAL INJURY**, please fill out the relevant information below. Thank you

Insurance

Insurance company name: _____

Are you the insured? Yes No

If not, What is the name of the insured? _____

Their date of birth: _____

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(Insurance information continued)

ID #: _____

Subscriber #: _____

Work Comp

Employer's name and phone #: _____

Date of injury: _____

Claim #: _____

Insurance carrier name: _____

Their address: _____

Phone #: _____

Your Adjuster's name: _____

Their phone and fax #'s: _____

Auto Insurance/Personal Injury

Date of injury: _____

Claim #: _____

Insurance carrier name: _____

Their address: _____

Their phone and fax #'s: _____

Your Adjuster's name and #: _____

Your Attorney's name and #: _____

Health Information

Present Health Concerns

Please list the most important health concerns in their order of significance

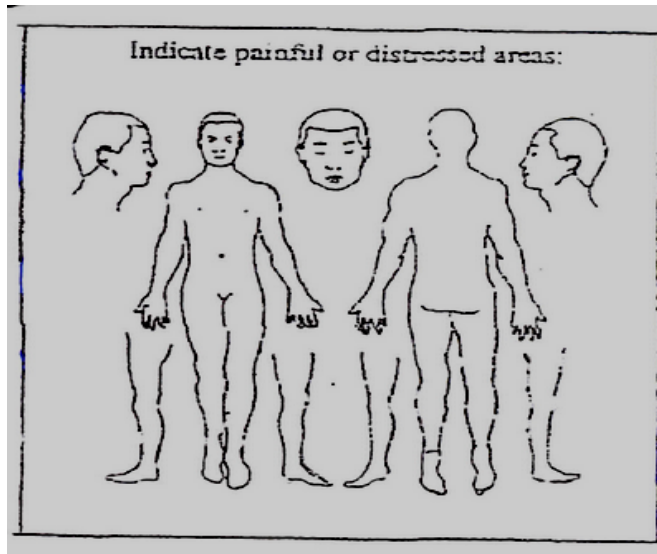
1

2

3

4

Please indicate painful or distressed areas:



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What goals do you have for your visit today? _____

Have you ever consulted a Naturopathic physician, acupuncturist, nutritionist or counselor before? (Please circle)

Do you have any questions about the care that you've chosen today? Please be sure to ask during treatment!

Please list prescription medications you are currently taking and the dosages:

1 _____

2 _____

3 _____

4 _____

5 _____

Please list any vitamins, minerals, herbs or homeopathic remedies you are currently taking and their dosages:

1 _____

2 _____

3 _____

4 _____

5 _____

Please list any severe or life-threatening allergies: (Please explain) _____

Personal Habits

Please circle any of the following substances that you regularly use:

tobacco alcohol coffee black tea cola

Do you follow any particular diet regimens or restrictions? If yes, please describe: _____

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Do you exercise regularly? If yes, what type and how often? _____

Past History

Hospitalizations: _____

Serious illnesses and/or injuries: _____

Date of last physical/annual exam: _____ Most recent blood test: _____

Personal and Family Histories

Please circle if you or a family member have ever experienced these conditions

alcohol or drug addiction	self	family member
allergies	self	family member
anemia	self	family member
arthritis	self	family member
asthma	self	family member
cancer	self	family member
depression	self	family member
diabetes	self	family member
eczema	self	family member
epilepsy	self	family member
headaches	self	family member
heart disease	self	family member
hepatitis	self	family member
high blood pressure	self	family member
kidney disease	self	family member
mental illness	self	family member
stroke	self	family member
tuberculosis	self	family member
Other _____	self	family member

Rules and Regulations Section PLEASE READ CAREFULLY!

LATE AND NO SHOW POLICY

Life can get crazy these days for everyone. When you come for treatment, you should be able to unwind and let your treatment **really** work for you. If life suddenly throws you a curve ball and you need to cancel or reschedule that's understandable. Please arrange it at least 24 hours **prior** to your appointment. Just in case it's a chronic problem or a non-emergency, we reserve the right to charge a no-show fee. The first no-show is a \$30.00 fine and any others following will be the cost of a full visit. We'll do our best to respect your timing issues and we'll be happy if you do the same for us.

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RESPONSIBILITY FOR PAYMENT

As a courtesy to you, and if it is pertinent to your situation, we will gladly submit your charges to the appropriate parties. However, all services rendered by this office are charged directly to you. Ultimately, you are personally responsible for payment of these charges regardless of any insurance reimbursement or settlement you may or may not receive.

Returned checks will result in a \$40.00 charge.

IMPORTANT PLEASE READ

We always strive for excellence when it comes to patients' needs including being aware that your time, as well as ours, is precious. Please make every effort to arrive on time and we will make every effort to make sure you are seen promptly. If for some reason your appointment is pushed back, please understand that it could be because another patient is in dire need. And if that isn't the reason, then we apologize beforehand!

Also, please understand that every individual is unique in their anatomy. Occasionally, because acupuncture does use needles, you may experience slight bruising. This is a temporary result and will not adversely affect the benefits you receive from your treatment. If a needle causes you discomfort while it is being inserted, let your practitioner know and they can adjust the needle for you.

It's also very important to have eaten something within 4 hours of treatment or to let your practitioner know if you have any fainting tendencies because of the very rare chance of needle shock.

Private Policy Notice Acknowledgement of Receipt

I acknowledge that I have received a copy of Wendy Stedeford Acupuncture's Notice of Privacy Practices and I understand it contains information about the use and disclosure of my medical information.

By way of my signature, I provide Wendy Stedeford Acupuncture with my authorization and consent to use and disclose my protected health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice.

* It is the practice of this office to have patients wait in a common waiting room before being called by first name back to the treatment room. This office also reserves the right to use a sign in sheet which will be in plain view at the front desk.

Please sign below to acknowledge that you understand and agree to the slight risk involved in receiving treatment with acupuncture needles, that you understand, agree and have received a copy of the Private Policy Notice and that you understand and agree to our late and no show policy **Welcome to the practice! If you have any questions today or at any time we will be happy to answer them and look forward to an enriching exchange with you!**

Signature: _____ Date: _____

Wendy Stedeford Acupuncture Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Wendy Stedeford Acupuncture is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide patients with notice of our legal duties and privacy practices with respect to your protected health information.

Disclosure of Health Care Information

Treatment

We may disclose your health care information to other health care professionals within our practice for the purpose of treatment, payment, or healthcare operations.

For example:

On occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with Wendy Stedeford Acupuncture.

Payment

We may disclose your health information to your insurance provider for the purpose of payment or health care operations.

For example:

As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier for the purpose of payment to Wendy Stedeford Acupuncture for health care services rendered. If you pay for your health care services personally, we will, as a courtesy, provide you with an itemized superbill for your insurance carrier for the purpose of reimbursement to you. The billing statement contains medical information, including diagnosis, date of injury or condition and codes which describe the health care services received.

Workers' Compensation

We may disclose your health care information as necessary to comply with State Workers' Compensation laws.

Emergencies

We may disclose health information to notify or assist in notifying a family member or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

Public Health

As required by law, we may disclose your health information to public health authorities for purposes relating to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications and reporting disease or infection exposure.

Judicial and Administrative Proceedings

We may disclose your health information to law enforcement officials for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

Deceased People

We may disclose your health information to coroners or medical examiners.

Organ Donation

We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

Research

We may discuss your health information to researches conducting research that has been approved by an Institutional Review Board.

Public Safety

It may be necessary to disclose your health information to appropriate people in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

Specialized Government Agencies

We may disclose your health information to for military, national security, prisoner and government benefits purposes.

Marketing

We may contact you for marketing purposes or fundraising purposes.

Change of Ownership

In the event that Wendy Stedeford Acupuncture is sold or merged with another organization, your health information/record will be given to the new owner.

Your Health Information Rights:

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Wendy Stedeford Acupuncture is not required to agree to the restriction that you requested.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your health information.
- You have the right to request that Wendy Stedeford Acupuncture amend your protected health information. Please be advised, however, that Wendy Stedeford Acupuncture is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation or our denial reason(s).
- You have the right to receive an accounting of disclosures of your protected health information made by Wendy Stedeford Acupuncture.
- You have the right to a paper copy of this Notice of Privacy Practices at any time upon request.

Changes to this Notice of Privacy Practices

Wendy Stedeford Acupuncture reserves the right to amend this Notice of Privacy Practices at any time in the future and will make the new provisions effective for all information that it maintains. Until such amendment is made, Wendy Stedeford Acupuncture is required by law to comply with this Notice.

Wendy Stedeford Acupuncture is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice, or if you want more information about your privacy rights, please call the office at: 916.933.1221. If Wendy Stedeford is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

Complaints

Complaints about your privacy rights or how Wendy Stedeford Acupuncture handles your health information should be directed to Wendy Stedeford by calling the above number. If Wendy Stedeford is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C., 20201

Now That I've Experienced Acupuncture, What Can I Expect?

Please Read Carefully!

Take it easy for the rest of the day! Usually, after an acupuncture treatment a patient can feel:

- Very relaxed
- Energized
- Pleasantly fatigued

If you feel like you need a nap- take one !

If you feel exhausted, and after taking a nap still feel tired, let your acupuncturist know the next time you come for a visit. Your acupuncturist will adjust the strength of the treatment to ensure that it doesn't make you too tired.

Very infrequently a patient can experience other sensations. If you have any questions about anything after your treatment, please don't hesitate to call. Acupuncture is usually a new experience for most people and so it is hard to anticipate what to expect.

Take note of any changes that occur between this appointment and the next . Your acupuncturist will ask you about any changes. Because traditional Chinese Medicine (TCM which includes acupuncture and herbs) doesn't differentiate between the emotional, mental and physical planes when treating, you may experience changes in any of these areas. Usually, after the first treatment your acupuncturist will begin the next visit by asking if there have been any changes for you. TCM is an accumulative treatment process. Most patients want to know how many treatments it will take until they can be finished with TCM. Without wanting to sound vague, it depends on what your chief concern (s) is/are. Usually a patient comes either once or twice a week for the early stages of treatment. The time between visits usually lengthens until the patient needs to come in for maintenance or they have recovered. I ask how long the patient has lived with the chief concern to illustrate that it usually takes a long time for the patient to reach the place where they are, unless it was an acute onset, and that the TCM work will take much less time. Occasionally, but not often, one treatment is enough. If you don't feel any changes by your third visit, you and your acupuncturist should reevaluate what needs to happen.

What can I do to make the most of my treatments?

- Eat within at least 4 hours BEFORE a treatment but don't come for a visit having eaten a huge meal.
- Do not consume large amounts of alcohol before or after a treatment
- No vigorous activity before or after a treatment
- Take your herbs regularly
- Ask your acupuncturist any questions which come up for you!

Thank you for your visit! We are committed to giving you the best TCM care available. I believe passionately in the power of TCM and have spent years both academically and clinically learning and witnessing the benefits of this medicine. TCM has a 4,000 year record of helping people. It is relatively new to the U.S. but don't let that fool you. After 4,000 years this is not the latest fad but a proven philosophy of medicine (one of many thank goodness) which I hope will be of benefit to you.

Call for questions or appointments:

El Dorado Hills 916.933.1221

Folsom 916.355.1250