

Acupuncture Intake Form

Name _____ Today's Date _____

Home Address _____

Cell Phone _____ Work / Home Phone _____

Email Address _____

Date of Birth _____ Place of Birth _____

(city, state, country)

Personal Gender Pronoun _____ (We ask as a means of respecting the spectrum of gender identities.)

Occupation _____

How did you hear about Third Root? _____

Emergency Contact Name and Number _____

Primary Health Concern(s) _____

Please list your other main health concerns

GENERAL INFORMATION

Are you pregnant? _____

Do you have any known allergies (to what)? _____

Do you have a pacemaker? _____

Are you taking Coumadin/Warfarin? _____

Have you ever been hospitalized for medical problems/mental health reasons? (If yes, please list reasons and dates.)

Please list any medications you are taking, including supplements: _____

Please list any significant illnesses you, your parents, or siblings have had:

In private acupuncture treatments we mostly needle patients' arms, legs, abdomens, backs, and heads. In community acupuncture we mostly needle arms, legs, and heads only.

Is there any place you do **not** wish to be needed? _____

Anything you would like to add: _____

BODY SYSTEMS REVIEW

Please check if any of the following apply:

| | | |
|--|---|---|
| <input type="checkbox"/> fatigue <input type="checkbox"/> abdominal bloating <input type="checkbox"/> low appetite <input type="checkbox"/> loose stools <input type="checkbox"/> forgetful <input type="checkbox"/> overthinking/worry <input type="checkbox"/> muscle spasms/twitches <input type="checkbox"/> feeling of heaviness <input type="checkbox"/> foggy thinking <input type="checkbox"/> bruise easily <input type="checkbox"/> dizzy upon standing <input type="checkbox"/> joint pain | <input type="checkbox"/> mouth sores <input type="checkbox"/> ravenous appetite <input type="checkbox"/> heartburn/acid reflux <input type="checkbox"/> thirst <input type="checkbox"/> nausea <input type="checkbox"/> history of sudden and/or rapid weight loss or gain, recent or in the past <i>(please specify)</i> _____ _____ _____ | <input type="checkbox"/> alternating diarrhea <input type="checkbox"/> constipation <input type="checkbox"/> neck/shoulder tension <input type="checkbox"/> numb extremities <input type="checkbox"/> dry or red eyes <input type="checkbox"/> ear ringing <input type="checkbox"/> symptoms worse with stress <input type="checkbox"/> irritable <input type="checkbox"/> anger easily <input type="checkbox"/> feel better after exercise <input type="checkbox"/> headaches <input type="checkbox"/> restlessness <input type="checkbox"/> see floaters in eyes <input type="checkbox"/> PMS symptoms <input type="checkbox"/> Clots in menstrual (period) flow <input type="checkbox"/> Cramps with period |
| <input type="checkbox"/> spontaneous sweating <input type="checkbox"/> allergies <input type="checkbox"/> asthma <input type="checkbox"/> dry nose/mouth/skin/throat <input type="checkbox"/> catch colds easily <input type="checkbox"/> shortness of breath <input type="checkbox"/> cough <input type="checkbox"/> nasal discharge <input type="checkbox"/> sinus congestion | <input type="checkbox"/> feel worse after exercise <input type="checkbox"/> sore, cold or weak knees <input type="checkbox"/> low back pain <input type="checkbox"/> frequent urination <input type="checkbox"/> early morning diarrhea <input type="checkbox"/> impaired memory <input type="checkbox"/> infertility <input type="checkbox"/> ear problems <input type="checkbox"/> hair loss <input type="checkbox"/> low libido <input type="checkbox"/> feel cold <input type="checkbox"/> cloudy urine <input type="checkbox"/> feel hot <input type="checkbox"/> heat in palms or soles <input type="checkbox"/> night sweats | <input type="checkbox"/> feel heart beating <input type="checkbox"/> insomnia <input type="checkbox"/> anxiety <input type="checkbox"/> chest pain <input type="checkbox"/> chest pain traveling to shoulder <input type="checkbox"/> sores on tip of tongue <input type="checkbox"/> disturbing dreams |

Thank you for your time and patience in completing this form.

Patient Information & Consent Form

Acupuncture has been practiced for thousands of years and is a safe procedure. Only sterile, disposable needles are used in this practice. I understand that methods of treatment may include, but are not limited to: acupuncture, moxibustion, cupping, gua sha, electrical stimulation, tui na (Chinese massage), and Chinese or western herbal formulas and nutritional counseling according to Chinese medicine.

I have been informed that acupuncture is a safe method of treatment, but that it may have side effects including bruising, numbness or tingling near the needling sites that may last a few days, and dizziness or fainting. Bruising is a common side effect of cupping and gua sha. Slight, superficial burns are a possible side effect of moxibustion. Extremely unusual risks of acupuncture include pneumothorax and organ puncture.

The herbs and nutritional supplements (from plant, mineral and animal sources) recommended are traditionally considered safe in the practice of Chinese medicine, although some may be toxic in large doses. I understand that herbs need to be consumed according to the instructions, and that some herbs may have an unpleasant taste or smell. I will immediately notify the acupuncturist of any unpleasant side effects such as gastrointestinal upset or unpleasant effects. I understand that some herbs may be inappropriate during pregnancy, and I will notify the acupuncturist who is caring for me if I become pregnant.

With regard to the outcome, usually the person's symptoms are ameliorated after the treatment. If they are unchanged, more or different treatment is needed. Uncommonly, a symptom will get worse after the treatment as the energy moves through an area of blockage. Thereafter, once the energy moves freely, the relief is usually significant. I do not expect the acupuncturist to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the acupuncturist to exercise judgment during the course of treatment which the acupuncturist thinks at the time, based upon the facts then known, is in my best interest. I understand that results are not guaranteed.

*I will let the practitioner know if I am pregnant or trying to get pregnant. This will influence the placement of the needles and herb choices.

Third Root Community Health Center PLLC and LLC reserves the right to contact you and your emergency contact if necessary at the above listed phone numbers and address, unless you specifically request otherwise in writing.

Third Root Community Health Center PLLC and LLC may disclose patient information to legal, accounting, or other professionals unless you specifically request otherwise in writing.

Cancellation Policy: If it is necessary for you to cancel, please give us at least 24 HOURS NOTICE, as it is difficult to fill appointment slots on short notice. Appointments cancelled with less than 24 hours notice will incur a cancellation fee equal to the minimum fee for the scheduled service. Your cooperation is appreciated.

Insurance. We do not accept health insurance, but upon request we will provide you with a receipt with insurance coding that you may submit to your provider.

Signed consent for treatment: I have read the above information and agree to treatment.

Name: _____ Date: _____

Signature: _____

Parent Signature (if minor under age 18): _____

1) PHYSICIAN NOTICE

We are committed to your health and well-being. We know that Acupuncture and Traditional Oriental Medicine has a great deal to offer as a health care system. However, it cannot totally replace the resources available through biomedical physicians.

We recommend that you consult a physician regarding any condition or conditions for which you are seeking acupuncture treatment.

To comply with Article 160, Section 8211.1 of NYS Education Law, we request that you read and sign the following statement:

WE THE UNDERSIGNED DO AFFIRM THAT _____ (print name) HAS BEEN ADVISED BY _____ (L.Ac.) TO CONSULT A PHYSICIAN REGARDING THE CONDITION OR CONDITIONS FOR WHICH SUCH PATIENT SEEKS ACUPUNCTURE TREATMENT.

Patient signature _____ Date _____

Licensed Acupuncturist _____ Date _____

2) RECEIPT OF PRIVACY PRACTICES

My signature below indicates that a written copy of the Privacy Practices of Third Root Community Health Center LLC/Third Root Acupuncture and Massage PLLC has been provided to me. I have also been informed that if I require additional information about this notice I may contact Third Root.

Print name _____

Patient signature _____

Date _____

3) THIRD ROOT CANCELLATION POLICY (*Applies only to sessions by appointment.*)

Appointments cancelled with less than 24 hours notice will incur a cancellation fee equal to the minimum fee for the scheduled service.

Patient Signature _____ Date _____

PRIVACY PRACTICES

This notice contains important information about our clinic 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.

What is this notice?

The acupuncture clinic of Third Root Acupuncture and Massage PLLC (Third Root Community Health Center) must collect, maintain and use non-public personal information (NPI) on patients before providing them with our service. We consider this information private and confidential and have policies and procedures in place to protect the information against unlawful use and disclosure. This notice describes what types of information we collect, explains when and to whom we may disclose it and provides you with additional important information as to our legal duties and privacy practices. It also describes your rights to access and control your NPI. Third Root is required to abide by the terms of this notice. However, we may modify the terms of this notice at any time, and the new notice will be effective for all NPI in our possession at the time of the change, and any treated thereafter. The information collected by our office is used, maintained, and protected by federal law, the Health Insurance Portability and Accountability Act (HIPAA). Our office does not disclose NPI to anyone, except with your authorization, or otherwise as permitted by the above law. If you believe your privacy rights under the HIPAA act have been violated, you can submit a written complaint to this clinic's privacy office, Third Root Acupuncture and Massage PLLC/Third Root Community Health Center, 380 Marlborough Road, Brooklyn, NY 11226. You may also complain to the Secretary for Health and Human Services if you believe your privacy rights have been violated. There will be no retaliation for filing a complaint.

What is "non-public personal information" (NPI)?

Non-public personal information is information that identifies you as an individual and relates to your participation in treatment, your physical or mental health/condition, the provision of treatment or healthcare to you or payment to the center for the provision of services provided to you.

How does this clinic protect patients' NPI?

- We restrict access to NPI to members of our workforce (employees, volunteers and trainees) who need to provide care of services to you or are engaged in our clinic's operations.
- We maintain physical and procedural safeguards to protect your information against unauthorized access and use.
- We have assigned a privacy officer who has overall responsibility for developing privacy procedures, educating our workforce and overseeing the implementation and enforcement of policies and procedures to safeguard your health information against inappropriate access, use and disclosure, consistent with applicable law. You may contact the Privacy Officer, Third Root Acupuncture and Massage PLLC/Third Root Community Health Center at 380 Marlborough Rd. Brooklyn, NY 11226 or by calling 718.940.9343.

How does this clinic use NPI and for what purposes?

Treatment: We may use or disclose your NPI in order to provide you with services and treatment you require or request. We are also permitted to disclose this information within and among our workforce in order to accomplish the same process. However, we are required to limit such uses or disclosures to the minimal amount that is required to provide those services or to complete these activities. Some example of service related disclosure include: the provision, coordination or management of health care and related services by health care providers; consultation between health care providers relating to a patient; referral of a patient for health care from one health care provider to another.

Health Care Operations: We may also use and disclose NPI to perform health care operations This is necessary to make sure that all of our patients receive quality care. For example, we may use and disclose NPI for the following: to review our treatment and services and to evaluate the performance of our staff and trainees; to develop clinical guidelines; to inform patients of treatment alternatives; for case management and care coordination as well as general administrative activities such as customer service.

What uses and disclosures do not require your authorization?

Below are some examples of circumstance under which we are permitted by law to use or disclose your NPI without your authorization:

Business associates: We may contract with outside individuals and organizations that perform business services for us, such as billing, management consultants, accreditation organizations, quality assurance reviewers, accountants or attorneys. In certain circumstances, we may need to share your information with a business associate so it can perform a service on our behalf. Our clinic will limit the disclosure of information to a business associate to the amount of information that is the minimum necessary for the business associate to perform services for us. In addition, we will have a written contract in place with the business associate requiring it to protect the privacy of your information.

As required by law: We will disclose NPI when required by federal, state, or local law. We may disclose NPI to public health authorities that are authorized by law to collect information for the purposes of:

- Reporting child abuse or neglect
- Notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence)
- Preventing or controlling disease, injury, or disability
- Notifying a person regarding the potential risk for spreading or contracting a disease or condition
- Reporting reactions to drugs or problems with products or devices
- Notifying individuals if a product or device we may be using has been recalled
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance

Health Care Oversight Activities: We may disclose NPI to a health oversight agency for activities authorized by law. Oversight activities can include some of the following: investigations, inspections, audits, surveys, licensure and disciplinary actions, civil

administrative and criminal procedures or actions; or other activities necessary for the government to monitor compliance with civil rights laws and the health care system in general.

Lawsuits and Disputes: We may use and disclose NPI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your NPI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain a court order protecting the information the party has requested.

Law Enforcement: We may disclose NPI if asked to do so by a law enforcement official as part of a law enforcement activity, in investigations of criminal conduct at our company or of victims of crime, in emergency situations to report a crime (including the location of victim(s) of the crime, or the description, identity, or location of the perpetrator); or when required to do so by law.

Serious Threats to Health or Safety: We may use and disclose your NPI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

Military: We may use and disclose NPI if you are a member of the US or foreign military forces (including veterans) and if required by the appropriate military command authorities.

Worker's Compensation: We may release NPI for worker's compensation or similar programs.

Your rights governing the information we collect, use and maintain:

Your Right to Inspect and Copy: You have the right to inspect and obtain a copy of our NPI that we maintain and have in our possession, including treatment records and billing records. If you request copies, we may charge you for the costs of copying, mailing, labor and supplies associated with your request. To inspect and copy your NPI, you must submit your request in writing to Third Root, PLLC, 380 Marlborough Rd. Brooklyn, NY 11226. By law you may inspect and obtain copies of your NPI, contained in your records, except for the following: psychotherapy notes, information compiled in reasonable anticipation of, or for use in, civil, criminal, or administrative action or proceeding, health information maintained by us to the extent to which provision of access to you would be prohibited by law. We will reasonably attempt to accommodate any request for NPI excluding the information as to which we have a ground to deny access. Upon denial of a request we will provide you with a written denial specifying the legal basis for the denial, a statement of your rights, and a description of how you may file a complaint with us.

The Right to Amend or Correct NPI: If you feel that any NPI we have about you is not correct or incomplete, you may ask us to correct or amend the information. We keep your information for seven years. You have the right to request an amendment in this time. To request an amendment, send your request and the reason that supports your request in writing to us at the address below. Our office reserves the right to deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request for an amendment that:

- Was not created by us
- Is not part of the medical information kept by us
- Is not part of the information which you would be permitted to inspect and copy
- Is accurate and complete

The Right to an Accounting of Disclosures: An accounting of disclosures we have made, if any, of your NPI. You have the right to request an accounting of disclosures made by us. This right applies to disclosures for purposes other than those made to carry out treatment, payment and health care operations as described in this notice. It also excludes communications of NPI made to you or disclosures authorized by you. Your request must be made in writing and state a time period that cannot be longer than six years. We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

The Right to Receive Communications of NPI by Alternative Means or at Alternative Locations: You have the right to request that we communicate with you about your treatment and related issues in a particular manner or at a certain location. For example, you may ask that we contact you at work rather than at home. We will accommodate all reasonable requests made in writing.

The Right to Request Restrictions: You have the right to request a restriction or limitation on the NPI we use or disclose about you for treatment, payment or health care operations as described in this notice. You also have the right to request a limit on the treatment information we disclose about you to someone who is involved in your care or the payment for your care (like a family member or friend). Our office is not required to agree to your request; however, if we do agree, we will comply with your request until we receive notice from you that you no longer want the restriction to apply. Any request for a restriction on our use and disclosure of your NPI must be made in writing to the address below. Your request must describe in a clear and concise manner: a) the information you wish restricted; b) whether you are requesting to limit our use, disclosure or both; c) and to whom you want the limits to apply.

The Right to Provide an Authorization for Other Uses and Disclosures: We will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your NPI may be revoked at any time in writing to the address below. After you revoke your authorization, we will no longer use or disclose your NPI for the purpose described in the authorization, except under the following circumstance: We have taken action in reliance upon your authorization before we received your written revocation.

The Right to Obtain a Paper Copy of this Notice: You have the right to obtain a paper copy of this notice by contacting our office.