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NEW PATIENT FORM

PATIENT INFORMATION			
Today's Date:			
	Last Name: Middle Initial:		
Date of Birth:	Sex: MF Height: Weight:		
Marital Status (check one):	MarriedSeparatedDivorcedWidowed # of Children:		
Address:			
City:	State: Zip:		
Cell Phone #	Home/Work Phone #		
Email:			
Emergency Contact:	Relationship: Emergency Phone #:		
HOW DID YOU FIND US?	Referred by: Relationship:		
	Social Media Flyer Signage Insurance Newspaper Other:		
,			
MY COMPLAINT What be	ought you to our clinic? / Chief Complaint (list conditions in order of concern):		
	Pain Scale 1-10 (if applicable)		
Front Back	1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10		
	2.		
	3.		
	4		
	5		
	Pain Frequency: Always Daily Hourly Occasionally		
	Interfere w/ Activities? ☐ Yes ☐ No Affect Sleep? ☐ Yes ☐ No Affect Appetite? ☐ Yes ☐ No		
$\setminus / / / / / / / / / /$	What makes pain better? Worse?		
Have you received any treatments for these conditions before?			
Mark your pain location	k your pain location If "Yes", explain:		
	Have your conditions improved/worsened/same?		

Are you currently taking any medications or supplements? (Please include regular used OTC medications):

No	Medication Name	Dosage / Frequency
1.		
2.		
3.		
4.		
5.		

No	Medication Name	Dosage / Frequency
6.		
7.		
8.		
9.		
10.		

ALLERGY INFORMATION (Do	you have any medication	, food, or environment allergi	es?)	
Medication, Food or Location	Reaction	Please list 3 major l	health goals	in order of priority:
Chance Pregnant: Yes Past accidents/trauma: Family Health History:		Past Surgery		n:
MY SOCIAL (Please check all that apply) Alcohol: Daily Weekly Occasion Never Caffeine: Daily Weekly Occasion Never Soda: Daily Weekly Occasion Never Aspirin: Daily Weekly Occasion Never OTC Meds: Daily Weekly Occasion Never Fast Food: Daily Weekly Occasion Never Exercise: Daily Weekly Occasion Never Laxatives: Daily Weekly Occasion Never Diet Products: Daily Weekly Occasion Never				
CURRENT SYMPTOMS (Please Knee Pain Leg Cramps Numbness in Toes Tingling in Legs Weakness In Legs Urinating Issues Lower Back Pain Ringing in Ears Bladder Infections Belching Constipation	a check all that apply) Indigestion Vomiting Circulatory Proble Hands Cold Mid-Back Pain Numbness in Fing Shortness of Breat Shoulder Pain Tingling in Arms	ms	ness	□ Loss of Smell/Taste □ Muscle Spasms □ Sight Sensitivity □ Sinus Problems □ Cold/Hot Sweats □ Fatigue □ Fever □ Joints Swelling/Pain □ Sleep Problems □ Stress □ Other □ Other □ Other
MY FUEL Think about how you eat in a type what percent you eat of each of Processed Foods Dairy Animal Protein Grains Fruits Vegetables Good Fats	oical week. Indicate the following.	Y WELLNESS PRACTICES the past 3 years, have you had Blood analysis / lab work Blood pressure check Bone density scan Cardiovascular stress test Flexible sigmoidoscopy Hearing test Mammogram Pap/pelvic exam Prostate exam Spinal exam Dental exam	Mark the Grand Acupe Chiro Denta Exerci Gene Mass. Mark the Gene Mass. Nutrit	practic al Care ise / Movement Classes

button provided in your treatment room.

your acupuncturist if you are concerned.

Name:

Guidelines:

Risks:

Needles:

Informed Consent & Financial Policy

Date:

Infrared:	Infrared light helps improve circulation, inflamm tial risk. If at any point, the heat lamp is too wa	ation, and providers many other ber rm for you, be sure to speak up so v	nefits. Burns ai we can make t	nd/or scarring he proper ad	g are a poten- justments.
Cupping:	If cupping if used as a treatment, your acupuncturist will use different sized with pressure to attach to your back and/or other parts of your body. Depending on one's physical condition, cupping can cause bruising, red marks and in some rare cases, blistering and/or scarring. All of these conditions will disappear without special treatment.				
Herbals:	Herbal medicine may be prescribed as a comp directions provided by the acupuncturist. I wi				according to
Injections:	Acupuncture Point Injection Therapy is inject acupuncture points or trigger points to help fatigue, and vitamin deficiency. Some complic	with chronic pain management,	muscle spasr	m, inflammat	tion, arthritis
Symptoms:	Occasionally, a few people experience dizzines treatment. This often occurs if you are nervou experience any discomfort, increased pain, or	s. You should inform your acupunc			
Treatment:	Your acupuncturist will explain the nature of consent to go ahead with the recommended to do if you do not experience that progress and	reatment, your acupuncturist will te	ell you what p	rogress to ex	
Privacy:	I understand the clinical and administrative stakept confidential and will not be released or d	ff may review my patient records ar iscussed without my consent or the	nd lab reports, e consent of n	, but all my re ny representa	ecords will be ative.
Disclosure:	I have read the above information and fully un tunity to ask any questions. All of my concerns guaranteed. I agree to fully disclose any s treatment process and will update the acus	s have been addressed to my satisform satisform in the same of the	action. I unde of which I an	rstand that re n aware thre	esults are not oughout the
	ANNA HEALT	TH FINANCIAL POLICY			
the time Regardin coverage guarante In the evoffice with	ments are due at time of service. All supplements are they are received. Ing patients with insurance: We will attempt to veriful e prior to your treatment, you will be charged for ee a quote of benefits for payment of services provivent your insurance company mails payments direct within 7 days. You will be asked to sign over the chest unable to keep your appointment, kindly give 24 hist quality care available. If you have any questions were they are the stream of the services are available.	fy coverage prior to your treatment. r each treatment until the verificati ided. ly to you for our services, you must b cks "Pay to the order of Anna Health hours notice to avoid charges. The go	However, if won is obtained oring the misdi <i>LLC"</i> .	ve are not abl d. Our office rected payme	e to verify DO NOT ents to our e you with
	SIGNATURE X	Today's	Date:	/	/
(Or Patient Re	epresentative) NAME	Relation	onship:		
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Date of Birth:

Introduction: While this document describes the major risks of treatment, other side effects and risks may occur. If you have any

questions about the information listed and not listed below, please ask the acupuncturist prior to signing this consent.

Please use the restroom prior to treatment. Avoid treatment when excessively fatigued, hungry, full, emotionally upset, if you have had alcohol, or shortly after sex. Focus on relaxing throughout the treatment. The more relaxed you are, the better your results will be. Some patients find it helpful to use deep breathing techniques. Do not change your position or move suddenly. If you are uncomfortable during your treatment, please call for your acupuncturist using the red

As with any medical procedure, there are risks involved. Your acupuncturist will take every precaution during the treatment to minimize any risks. Methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, Tui-Na, Chinese herbal medicine, acupuncture point injection, and nutritional counseling.

Your acupuncturist uses sterilized, individually packaged, disposable needles that are used once and then discarded. This eliminates the possibility of transmitting a communicable disease by a contaminated needle. The needles are typically inserted at specific pressure points on the body, to various depths, depending upon the client's size, age and constitution. Acupuncture is a generally safe method of treatment, but that it may have some side effects, including bruising, numbness or tingling near the needling sites that may last a few days. These symptoms are rarely harmful, but please talk to

PATIENT NAME:		

ARBITRATION AGREEMENT

Article 1: Agreement to Arbitrate: It is understood that any dispute as to medical malpractice, including whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by state and federal law, and not by a lawsuit or resort to court process, except as state and federal law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

Article 2: All Claims Must be Arbitrated: It is also understood that any dispute that does not relate to medical malpractice, including disputes as to whether or not a dispute is subject to arbitration, as to whether this agreement is unconscionable, and any procedural disputes, will also be determined by submission to binding arbitration. It is the intention of the parties that this agreement bind all parties as to all claims, including claims arising out of or relating to treatment or services provided by the health care provider, including any heirs or past, present or future spouse(s) of the patient in relation to all claims, including loss of consortium. This agreement is also intended to bind any children of the patient whether born or unborn at the time of the occurrence giving rise to any claim. This agreement is intended to bind the patient and the health care provider and/or other licensed health care providers, preceptors, or interns who now or in the future treat the patient while employed by, working or associated with or serving as a back-up for the health care provider, including those working at the health care provider's clinic or office or any other clinic or office whether signatories to this form or not.

All claims for monetary damages exceeding the jurisdictional limit of the small claims court against the health care provider, and/or the health care provider's associates, association, corporation, partnership, employees, agents and estate, must be arbitrated including, without limitation, claims for loss of consortium, wrongful death, emotional distress, injunctive relief, or punitive damages. This agreement is intended to create an open book account unless and until revoked.

Article 3: Procedures and Applicable Law: A demand for arbitration must be communicated in writing to all parties. Each party shall select an arbitrator (party arbitrator) within thirty days, and a third arbitrator (neutral arbitrator) shall be selected by the arbitrators appointed by the parties within thirty days thereafter. The neutral arbitrator shall then be the sole arbitrator and shall decide the arbitration. Each party to the arbitration shall pay such party's pro rata share of the expenses and fees of the neutral arbitrator, together with other expenses of the arbitration incurred or approved by the neutral arbitrator, not including counsel fees, witness fees, or other expenses incurred by a party for such party's own benefit.

Either party shall have the absolute right to bifurcate the issues of liability and damage upon written request to the neutral arbitrator.

The parties consent to the intervention and joinder in this arbitration of any person or entity that would otherwise be a proper additional party in a court action, and upon such intervention and joinder, any existing court action against such additional person or entity shall be stayed pending arbitration.

The parties agree that provisions of state and federal law, where applicable, establishing the right to introduce evidence of any amount payable as a benefit to the patient to the maximum extent permitted by law, limiting the right to recover non-economic losses, and the right to have a judgment for future damages conformed to periodic payments, shall apply to disputes within this Arbitration Agreement. The parties further agree that the Commercial Arbitration Rules of the American Arbitration Association shall govern any arbitration conducted pursuant to this Arbitration Agreement.

Article 4: General Provision: All claims based upon the same incident, transaction, or related circumstances shall be arbitrated in one proceeding. A claim shall be waived and forever barred if (1) on the date notice thereof is received, the claim, if asserted in a civil action, would be barred by the applicable legal statute of limitations, or (2) the claimant fails to pursue the arbitration claim in accordance with the procedures prescribed herein with reasonable diligence.

Article 5: Revocation: This agreement may be revoked by written notice delivered to the health care provider within 30 days of signature and, if not revoked, will govern all professional services received by the patient and all other disputes between the parties.

Article 6: Retroactive Effect: If patient intends this agreement to cover services rendered before the date it is signed (for example, emergency treatment), patient should initial here. ______. Effective as of the date of first professional services.

If any provision of this Arbitration Agreement is held invalid or unenforceable, the remaining provisions shall remain in full force and shall not be affected by the invalidity of any other provision. I understand that I have the right to receive a copy of this Arbitration Agreement. By my signature below, I acknowledge that I have received a copy.

NOTICE: BY SIGNING THIS CONTRACT, YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION, AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT.

		(Date)	
	V		
PATIENT SIGNATURE	^		
(Or Patient Representative)			(Indicate relationship if signing for patient)
		(Date)	
	V		
OFFICE SIGNATURE	^		

ALSO SIGN THE INFORMED CONSENT ON REVERSE SIDE

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