

Raleigh Acupuncture Associates

New Patient Form

Date:

Name	Cell phone #	Home phone #
Street address	City, State Zip	Email address
Date of birth	Height/Weight	How Did You Find Us?
Emergency contact name	Emergency contact phone #	Your occupation
Cigna or United Healthcare Insurance (Circle If Applies)	Member ID # / Group #	Primary Insured Name & DOB

Diagnosed medical conditions (i.e., high blood pressure, diabetes):

Current medications / Allergies to medications:

Recent hospitalizations/surgeries:

Circle if you use: Tobacco, Alcohol, Caffeine or Recreational drugs. Indicate amount/frequency.

List current health practitioners (Name/Specialty):

Are you pregnant? Yes / No (women only)

Do you have any biomedical devices (ie, artificial joints, cardiac pacemaker)?

What is the main condition that brought you here today?

Raleigh Acupuncture Associates

Consent To Treat

I authorize acupuncturists at Raleigh Acupuncture Inc. to administer Oriental Medicine relevant to my diagnosis and treatment, including but not limited to the following:

1. Insertion of various styles and sizes of sterile acupuncture needles at various depths and locations.
2. Heat treatment with moxibustion (using the herb Mugwort) or an infrared heat lamp. With any type of heat, there is a risk of burn.
3. A massage technique called "gwa sha". This treatment may leave redness on the skin, slight bruising or tenderness that can last for 1-5 days.
4. Cupping treatment to promote circulation of Qi (energy) through the meridians. Cups may produce a red/purple color on the skin lasting for 1-5 days.
5. Electrical stimulation of the needles that produces a vibration or tapping sensation, and unattended electrical stimulation.
6. Manual therapy techniques.
7. Jing Well treatment to improve circulation in the meridians. Sterile lancets are used to release a few drops of blood.
8. Chinese Herbal Medicine in various forms such as pills, capsules, powders and raw herbs.

I have been informed that I have the right to refuse any form of treatment. I understand the nature of the treatment, have been informed of the risks and possible consequences involved with this treatment, and have been given an opportunity to ask questions pertaining to the treatment. I also understand there is always a possibility of an unexpected complication and I understand that no guarantee can be made concerning the results of the treatment.

Office Policies

- Payment is required at the time of your visit.
- Your appointment is reserved for you. If you miss an appointment or cancel with less than 24 hours notice you will be charged your regular fee.
- We accept checks, MasterCard, Visa, Discover and Health Savings Account cards.

****NOTE FOR CIGNA INSURANCE PATIENTS:** There are some services we perform in the course of an acupuncture treatment that Cigna may categorize as physical therapy. Please note, these services are part of your Chinese medicine treatment and will be part of your Cigna Explanation of Benefits. You may refuse to receive these services, but if they are rendered they will be billed.

Thank you and welcome to Raleigh Acupuncture Associates

Please indicate your understanding and acceptance of these by signing below.

Signature of patient: _____

Printed name of patient: _____

Date: _____

Signature of acupuncturist: _____