



WHOLE BODY HEALING
Acupuncture & Oriental Medicine ·

- 30 North King St. Northampton, MA. 01060 <http://westernmassacupuncture.com>

Welcome!

Acupuncture Instructions

- Please print and fill out these forms and bring them to your first treatment. If you are unable to print out these forms, I have them available at the office.
- Wear comfortable loose fitting clothes to your appointment.
- Eat a light small meal before the treatment.
- Try to arrive 10 minutes prior to your first treatment so that we can ensure that you fill out all the proper paperwork and get checked in.

What to expect on your first treatment

The initial treatment starts with a consultation which will cover your past, present and family health history. You then will receive an acupuncture treatment. We will discuss my report of findings, diagnosis, treatment plan and other modalities I suggest you using along with acupuncture. Your first appointment may last up to 90 minutes. Follow up visits average about 1 hour in length.

Financial Policy

All initial acupuncture appointments are \$110.00, follow up appointments are \$80.00. Payment is due in full at time of appointment unless discussed prior to treatment. All payment types accepted.

Cancellation Policy

I ask for at least a 24 hour notice of any cancellations. You will be charged a fee of \$25.00 if you cancel or miss an appointment without 24 hour notice, exceptions made for emergencies.

Location

30 North King St. Northampton, MA. 01060

Thank you for choosing us to be your acupuncturists!

Elizabeth Girard, MS, L.Ac.
Nancy Grossman, L.Ac.
Alexandra Andrew, MS, L.Ac.



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Full Name: _____ Today's Date: _____

Address: _____ Primary Telephone Number: _____

_____ Secondary Telephone Number: _____

_____ Email: _____

Do you want to be added to our email list? (approximately 6 emails a year) YES NO

How did you hear about us? Internet, Online, Dr. referral, Friend? (Please specify) _____

Date of Birth: _____ Age: _____ Occupation: _____

Married Single Divorced Co-habiting Widow(er)

Primary Doctor (name/number): _____ Date of last physical exam: _____

Emergency Contact (name/number): _____

Does your health insurance have Acupuncture benefits? Yes No Unsure

Insurance company: _____

Are you the primary policy holder? Yes No if no please list name/DOB _____

Please list ID card number: _____

*Please make sure to bring your insurance card with you to your appointment so that we can have a copy on file

Now or in the past have you ever suffered from: (please check all that apply)

Now	Past		Now	Past		Now	Past	
		AIDs/ HIV			Goiter			Polio
		Alcoholism			Gout			Rheumatic Fever
		Allergies			Herpes			Stroke
		Appendicitis			Measles			Thyroid Disorders
		Arteriosclerosis			Multiple Sclerosis			Ulcers
		Asthma			Mumps			Venereal Disease
		Chicken Pox			Pleurisy			Whooping Cough
		Emphysema			Pneumonia			Other (list)

Please describe your current condition and reasons for today's visit.

List any surgeries or hospitalizations you have had.

List any mental or emotional issues that you currently suffer from or have in the past (i.e. grief, anger, depression, worry, anxiety)

List any medications and supplements you are currently taking (continue on back if necessary)

Medicine	Dosage	Reason	How Long	Prescribed by

List any allergies or food sensitivities _____

Do you experience (check all that applies)

General:

Poor appetite
 Excessive appetite
 Prefers cold drinks
 Prefers hot drinks
 Recent weight gain/loss
 Poor sleep
 Fatigue
 Lack of strength
 Body heaviness
 Cold hands and/or feet
 Poor circulation
 Shortness of breath
 Fever
 Chills
 Night Sweats
 Sweat easily
 Muscle Cramps
 Vertigo or dizziness
 Bleed or bruise easily
 Peculiar taste in mouth

Musculoskeletal

Neck/shoulder pain
 Muscle pain
 Upper back pain
 Lower back pain
 Joint pain
 Limited range of motion

Men

Impotence
 Premature ejaculation
 Nocturnal emission

Head, Eyes, Ears, Nose:

Eye strain
 Eye pain
 Red eyes
 Dry eyes
 Itchy eyes
 Floaters in your eyes
 Blurred vision
 Night blindness
 Glaucoma
 Cataracts
 Teeth problems
 Grinding teeth
 TMJ
 Sores in lips or in mouth
 Dry mouth
 Sinus problems
 Excessive phlegm
 Swollen glands
 Nose bleeds
 Ringing in ears
 Poor hearing
 Earaches
 Headaches
 Migraines
 Concussions

Gynecology

Irregular periods
 Painful periods
 PMS
 Vaginal discharge
 Clots
 Breast lumps

Respiratory:

Difficulty Breathing
 Tight chest
 Asthma/wheezing
 Cough
 Coughing blood

Cardiovascular:

Blood clots
 Low blood pressure
 Fainting
 Chest pain
 Heart palpitations
 Irregular heart beat

Gastrointestinal

Nausea
 Vomiting
 Acid reflux
 Gas
 Hiccup
 Bloating
 Bad Breath
 Diarrhea
 Constipation
 Laxative use
 Black stools
 Bloody stools
 Intestinal Pain
 Rectal pain
 Hemorrhoids

Skin & Hair

Rashes
 Hives
 Ulcerations
 Eczema
 Psoriasis
 Acne
 Dandruff
 Itching
 Hair loss
 Change in skin or hair texture

Neuropsychological

Numbness
 Tics
 Poor memory
 Depression
 Anxiety
 Irritability
 Easily Stressed

Genito-urinary

Pain on urination
 Frequent urination
 Urgent urination
 Blood in urine
 Unable to hold urine
 Incomplete urination
 Bedwetting
 Wake to urinate
 Increased libido
 Decrease libido
 Kidney stone

Female:

Age of first menses _____	Duration of flow (how many days of bleeding) _____
Length of cycle (day 1 to day 1) _____	
Number of pregnancies _____	Number of births _____
Number of Children _____	
Age of menopause _____	

Have you ever had Acupuncture before? _____

When? _____ From Whom? _____

During the treatment do you like (check all that applies)

- Music
- Conversation
- Quiet

What level of pressure or strength do you like for massage?

- Light
- Medium
- Strong

Clinicians Notes	
CC:	
2nd CC:	
Tongue:	
Pulse:	
Diagnosis:	
Treatment Method:	
Treatment Plan:	

Elizabeth Girard, MS, L.Ac.

Alexandra Andrew, MS, L.Ac.

Nancy Grossman, L.Ac.

Disclosure Statement

In accordance with the State of Massachusetts Office of Professional Regulation rules, each new patient must read and sign the following disclosure:

A) The licensed acupuncturists' professional qualifications and experience:

Elizabeth Girard, MS, L.Ac.

Professional Credentials:

- Licensed Acupuncturist in the state of Massachusetts
- Nationally Board Certified in Acupuncture (National Certification Commission for Acupuncture & Oriental Medicine).
- Nationally Board Certified in Chinese Herbal Medicine (National Certification Commission for Acupuncture & Oriental Medicine).
- Master of Science degree in Acupuncture and Oriental Medicine from Pacific College of Oriental Medicine– San Diego, CA.
- B.A. in Psychology from University of Massachusetts– Amherst, MA.
- National Clean Needle Technique certification (Council of Colleges of Acupuncture & Oriental Medicine).

Personal:

Elizabeth enjoys spending time with her husband, daughters and pug, Rosie. Elizabeth enjoys cooking, reading and learning everything related to health.

Nancy Grossman, L.ac.

Professional Credentials:

- Licensed Acupuncturist in the state of Massachusetts
- Certified Chinese Herbalist.
- Graduated from New England School of Acupuncture
- Graduated from University of Massachusetts with a BA in Economics.

Personal:

Nancy is the parent of a college student and an advocate for single-payer health-care reform and civic engagement. In her spare time, she enjoys running, biking, hiking, writing, and gardening as well as practicing yoga, Dragon and Tiger qigong, and Wu-style t'ai chi.

Alexandra Andrew, MS, L.Ac.

Professional Credentials:

- Licensed Acupuncturist in the state of Massachusetts
- Nationally Board Certified in Acupuncture (National Certification Commission for Acupuncture & Oriental Medicine).
- Master of Acupuncture, Chinese and Japanese Styles from New England School of Acupuncture at MCPHS University
- B.A. in Communication Studies from Bridgewater State University.

Personal:

Alex is an avid cat lover, and when she isn't snuggling up with her two kitties Caspian and Salem, you'll find her outdoors enjoying nature, hiking, skiing, and staring at the sky. She loves family, a good book, and will never pass up a deep spiritual conversation.

B) A copy of the statutory definition of unprofessional conduct.

3410. UNPROFESSIONAL CONDUCT

(a) A licensed acupuncturist, or applicant shall not engage in unprofessional conduct.

(b) Unprofessional conduct means any of the conduct listed in this section and section

129a of Title 3, whether committed by a licensed acupuncturist or an applicant:

(1) Using dishonest or misleading advertising.

(2) Addiction to narcotics, habitual drunkenness or rendering professional services to a patient if the acupuncturist is intoxicated or under the influence of drugs.

(3) Sexual harassment of a patient.

(4) Engaging in sexual intercourse or other sexual conduct with a patient with whom the licensed acupuncturist has had a professional relationship within the previous two years.

(c) After a hearing and upon a finding of unprofessional conduct, an administrative law officer appointed under 3 V.S.A. 129 (j) may take disciplinary action against a licensed acupuncturist or applicant.

129a. UNPROFESSIONAL CONDUCT

(a) In addition to any other provision of law, the following conduct by a licensee constitutes unprofessional conduct. When that conduct is by an applicant or person who later becomes an applicant, it may constitute grounds for denial of a license or other disciplinary action.

(1) Fraudulent or deceptive procurement or use of a license.

(2) Advertising that is intended or has a tendency to deceive.

(3) Failing to comply with provisions of federal or state statutes or rules governing the practice of the profession.

(4) Failing to comply with an order of the board or violating any term or condition of a license restricted by the board.



WHOLE BODY HEALING
Acupuncture & Oriental Medicine

Consent for Use or Disclosure of Health Information

We at Whole Body Healing, Acupuncture and Oriental Medicine are committed to protecting your privacy.

The purpose of this consent form is to give Elizabeth Girard, MS, L.Ac. and Nancy Grossman, L.ac. permission to use your health information to provide treatment, collect payment (from you or a third-party entity) and conduct general administrative business.

There are several circumstances in which we may have to use or disclose your health care information:

- We may have to disclose your health information to another health care provider or a hospital if it is necessary to refer you to them for the diagnosis, assessment, or treatment of your health condition.
- We may have to disclose your health information and billing records to another party if they are potentially responsible for the payment of our services.
- We may need to use your health information within our practice in our effort to provide you with quality health care.

You have the right to limit uses or disclosures

You have the right to request that we do not disclose your health information to specific individuals, companies, or organizations. If you would like to place any restrictions on the use or disclosure of your health information, please let us know in writing. We are not required to agree to your restrictions. However, if we agree with your restrictions, the restriction is binding on us.

You have the right to revoke your authorization

You may revoke your consent to us at any time; however, your revocation must be in writing. We will not be able to honor your revocation if we have already released your health information before we receive your request to revoke your authorization. If you were required to give your authorization as a condition of obtaining insurance, the insurance company may have a right to your health information if they decide to contest any of your claims.

I have read the consent policy and agree to its terms. I am also acknowledging that I have access to or have received a copy of this notice.

Signature of Client and/or Guardian

Date

Client Name (Printed)



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Consent to Treatment Form

I hereby authorize Whole Body Healing to treat me using Chinese medicine. I understand that this includes the use of acupuncture, acupressure, Oriental bodywork, moxibustion, cupping, and other methods to stimulate acupuncture points and meridians, as well as dietary and herbal recommendations based on Oriental medical theory. I recognize that there are potential risks involved with acupuncture, such as discomfort, minor bruising, or infection at the site of needle insertion, needle sickness, and temporary worsening of my symptoms. I also recognize that while acupuncture and Oriental medicine provide the potential benefits of painless and drug-free relief of my presenting condition and prevention of recurrences, there is no implicit guarantee of a cure from this therapeutic approach.

___ I understand all the information on this page and give my permission and consent to treatment.

I acknowledge that I have been shown and have access to:

- ___ The regulations regarding unprofessional conduct
- ___ The method for filing a complaint
- ___ The Notice of Privacy Practices for Protected Health Information

___ I have read the Consent for Use or Disclosure of Health Information and agree to its terms. I am also acknowledging that I have access to this notice.

Please initial in spaces above and sign below:

Signature of Client and/or Guardian

date

Client Name (printed)

Can we leave messages for you on your answering machine? *circle:* **no** **yes** (home) **yes** (work) **yes** (cell)

Can we leave messages for you with people who answer your phone? *circle:* **no** **yes** (home) **yes** (work)

(Note: messages usually concern appointment times or answers to your questions)

Signature: _____ **Date:** _____

Printed Name: _____ **Date of Birth:** _____