



**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 \$70.00. 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.**

**Lyndsey Walsh, M.Ac., MS., L.Ac.**

**Kelly O'Connor, 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.

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List any surgeries or hospitalizations you have had.

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

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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 \_\_\_\_\_

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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.

\_\_\_\_\_  
Lyndsey Walsh, M.Ac., MS., L.Ac.

\_\_\_\_\_  
Kelly O'Connor, MS, 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.

### Lyndsey Walsh, M.Ac., MS., L.Ac.

Professional Credentials:

- Nationally Board Certified in Acupuncture (National Certification Commission for Acupuncture & Oriental Medicine)
- Master's of Science in Acupuncture & Oriental Medicine from New England School of Acupuncture
- Master's in Science in Pain Research, Education, and Policy from the Public Health & Professional Degree Programs at Tufts University's School of Medicine
- B.A. in Psychology from Colby-Sawyer College
- Clean Needle Technique Certified

In her spare time, Lyndsey loves spending time with her loved ones. Her passions include traveling, cooking, learning new things, and spending time by the water. When she isn't working, you can find her hiking or kayaking with her boyfriend, Stephen and small dog, Ollie.

### Kelly O'Connor, MS, L.Ac

Professional Credentials:

- Licensed Acupuncturist in Massachusetts and Connecticut
- Nationally Board Certified in Acupuncture (National Certification for Acupuncture & Oriental Medicine)
- Nationally Board Certified in Chinese Herbal Medicine (National Certification Commission for Acupuncture & Oriental Medicine)
- Master of Science degree in Acupuncture & Oriental Medicine from Pacific College of Oriental Medicine, San Diego
- National Clean Needle Technique Certification (Council of Colleges of Acupuncture & Oriental Medicine).

Personal:

Kelly enjoys spending time with her husband, daughters and family. In her spare time she enjoys cooking, cycling, hiking and snowboarding. She also enjoys showing her daughters the benefits of charity work, participating in health events and devoting much of her time to natural health research.

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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 on 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

professional<sup>a</sup> 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.
- (5) Practicing the profession when medically or psychologically unfit to do so.
- (6) Delegating professional responsibilities to a person whom the licensed professional knows, or has reason to know, is not qualified by training, experience, education or licensing credentials to perform them.
- (7) Willfully making or filing false reports or records in the practice of the profession; willfully impeding or obstructing the proper making or filing of reports or records or willfully failing to file the proper reports or records.
- (8) Failing to make available promptly to a person using professional health care services, that person's representative, succeeding health care professionals or institutions, upon written request and direction of the person using professional health care services, copies of that person's records in the possession or under the control of the licensed practitioner.
- (9) In the course of practice, gross failure to use and exercise on a particular occasion or he failure to use and exercise on repeated occasions that degree of care, skill and proficiency which is commonly exercised by the ordinary skillful, careful and prudent professional engaged in similar practice under the same or similar conditions, whether or not actual injury to a client, patient or customer has occurred.
- (10) Exercising undue influence on or taking improper advantage of a person using professional services, or promoting the sale of services or goods in a manner which exploits a person for the financial gain of the practitioner or a third party.
- (11) Exercising undue influence on or taking improper advantage of a person using professional services, or promoting the sale of services or goods in a manner which exploits a person for the financial gain of the practitioner or a third party.
- (b) Failure to practice competently by reason of any cause on a single occasion or on multiple occasions may constitute unprofessional conduct. Failure to practice competently includes:
  - (1) performance of unsafe or unacceptable patient or client care: or
  - (2) failure to conform to the essential standards of acceptable and prevailing practice.
- (c) The burden of proof in a disciplinary action shall be on the state to show by preponderance of the evidence that the person has engaged in unprofessional conduct.
- (d) After hearing, and upon a finding of unprofessional conduct, a board or an administrative law office may take disciplinary action against a licensee or applicant, including imposing an administrative penalty not to exceed \$1,000.00 for each unprofessional conduct violation. Any money received from the imposition of an administrative penalty imposed under this section shall be deposited in the general fund.
- (e) In a case where a standard of unprofessional conduct as set forth in this section conflicts with a standard set forth in a specific board's statute or rule, the standard that is most protective of the public shall govern.(added 1997, No. 40, 5.)

C. Information on the process for filing a complaint with, or making a consumer inquiry to, the Director.

Each profession or occupation is governed by laws defining professional conduct. Upon receipt of a complaint, an administrative review determines if the issues raised are covered by the applicable professional conduct statute. If so, a committee is assigned to investigate, collect information, and recommend action or closure to the appropriate governing body. All complaint investigations are confidential. Should the investigation conclude with a decision for disciplinary action against a professional's license and ability to practice, the name of the license holder will then be made public. Complaint investigations focus on licensure and fitness of the licensee to practice.

Disciplinary action, when warranted, ranges from waning to revocation of license, based on the circumstances. As a result of the process, you should not expect a return of fees paid or additional unpaid services as part of the results of this process. If you seek restitution of this nature, consider consulting with the Consumer Protection Division of the Office of the Attorney General, seeing an attorney, or filing a case in Small Claims Court.

By signing below, I acknowledge reading the above disclosure in accordance with the rules outlined by the State of Massachusetts Office of Professional Regulation.

\_\_\_\_\_  
(Patient Signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(Patient Printed Name)

\_\_\_\_\_  
(Acupuncturist Signature)

\_\_\_\_\_  
(date)



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)



**WHOLE BODY HEALING**  
Acupuncture & Oriental Medicine

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:** \_\_\_\_\_