

Welcome! Please read this letter before your first treatment with us.



At Beach Community Acupuncture (BCA), we treat multiple people in recliners in our peaceful common room, helping us to keep fees down. Your acupuncture treatment might include points on your hands, feet, arms, legs, neck, head, shoulders, and/or scalp and ears. Acupuncture channels flow across the entire body. Therefore, we can treat any problem without needling the area directly. We treat back problems, for example, with points on the hands and legs. And we certainly don't put needles into internal organs when treating them.

Our system has been around for thousands of years. In the right hands, it works, and remarkably well. We provide more than 10,000 treatments a year here at the clinic. Acupuncture works better when treatments are provided frequently enough to effect real change.

CLINIC PROTOCOL AND ETIQUETTE

New Patients: please arrive 10 minutes before your 1st scheduled appointment. Returning patients, please arrive just a few minutes before your appointment.

- New Patients: You will fill out a short intake, sign a consent form, and pay the \$55 fee for your first visit. Return visits are \$40.
- When it is your turn to go back, you'll go in, choose a recliner, and take off your socks and shoes.
- Once you are situated, your practitioner will come to you, talk about what brings you in, and devise a treatment protocol.
- She will insert the needles according to your primary complaints.
- You'll relax for about 45 minutes, then your practitioner will remove your needles and recommend a treatment plan for you.

When you return for treatment, you will simply pay the \$40 fee, and be invited to go in and choose a seat. The practitioner will check on your progress, ask relevant questions, insert your needles and leave you to rest. We let the needles do the work in a calm, peaceful setting.

Beach Community Acupuncture Intake

Name _____ Date _____ Birth date ____/____/____

Phone # _____ Email _____

Street/City/State/Zip _____

Sex assigned at birth _____ Gender _____ Preferred Pronouns _____

Occupation _____

Emergency Contact Name/phone # _____

Have you had acupuncture before? _____

Major Complaint(s), in order of importance to you:

1. _____
2. _____
3. _____

Western medical diagnosis (if any):

When/how did your condition(s) occur, and have you received any treatment(s)?

Circle any that apply to you:

HIV Hepatitis Pregnant TB Bleeding Disorders Blood Thinners Allergies (not seasonal)

Current Medications:

(Relevant) accidents and/or surgeries:

www.beachacu.com ♥ 1024 Rosecrans Street, San Diego, CA 92106 ♥ 619-224-2442

INFORMED CONSENT FOR ACUPUNCTURE SERVICES

Acupuncture means the stimulation of a certain point or points near the surface of the body by the insertion of special needles. The purpose of acupuncture is to prevent or modify the perception of pain and is thus a form of pain control. In addition, through the normalization of physiological functions, it may also serve in the treatment of certain diseases or dysfunctions of the body. Acupuncture includes the techniques of electro-acupuncture (the therapeutic use of weak electric currents at acupuncture points), mechanical stimulation (stimulation of an acupuncture point or points on or near the surface of the body by means of apparatus or instrument), and moxibustion (the therapeutic use of heat at acupuncture points by burning an herb).

I understand that BCA does not provide primary care medicine, and that I am responsible to seek primary health care from a qualified medical doctor (MD).

The potential risks: Acupuncture is a safe method of treatment, but that it may have side effects including slight pain or discomfort at the insertion site, bruising, dizziness or fainting, and numbness or tingling near the needling site that may last a few days. Unusual risks of acupuncture include nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although this clinic uses sterile disposable single use needles, and maintains a clean and safe environment. Moxibustion includes the risk of burns and/or scarring. Some possible side effects of taking herbs are nausea, gas, stomachache, headache, change in bowel movement or dizziness. Should I experience any unanticipated effect I will immediately notify BCA. Also, I will keep BCA informed of my current medications. ***Some herbs and acupuncture treatments are contraindicated during pregnancy. I will notify BCA if there is a chance I am pregnant, or if I intend to become pregnant.***

I state that I do not have the following conditions:

- Pregnancy
- Bleeding disorders
- Pacemaker
- Local infections
- Use of Anticoagulants

OR, I do have any of the above conditions, I have listed them here:

The potential benefits: Acupuncture may allow for the painless relief of one's symptoms without the need for drugs, and improve balance of bodily energies leading to the prevention of illness, or the elimination of the presenting problem.

I, _____, acknowledge that I am accepting treatment from a licensed
(Name)

acupuncturist at Beach Community Acupuncture. I understand that there are intrinsic differences between the care of acupuncturists and Medical Doctors. The acupuncturists are licensed by the State of California. At this time, it is my decision to pursue acupuncture treatment for any condition I have. Also, I understand that, as with any medical treatment, there is no guarantee that this treatment will offer complete resolution to any or all of the conditions I may have. Beach Community Acupuncture cannot act as your Primary Care Physician (PCP). We do not provide 24-hour call or emergency services. We do not maintain hospital admitting privileges. We recommend you have a Primary Care Physician for these services.

Patient Signature: _____ **Date:** _____