

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.

Because acupuncture channels flow across the entire body it is possible to treat anything without needling directly into the area. Your acupuncture treatment might include points on your arms and hands, legs and feet, and/or head and neck.

Our system has been around for thousands of years. In experienced hands, it works, and remarkably well. BCA's highly experienced practitioners have a passion for providing safe, effective treatments at a low cost. We strive to lower barriers to practical health care. and because acupuncture works better when treatments are provided frequently enough to make a real change.

New Patients: please arrive 10 minutes early to complete paperwork. You will fill out a short intake, sign a consent form, and pay the \$55 fee for your first visit.

- All Patients: After paying for your treatment, just head back to the treatment room, choose any open seat, recline and relax.
- When it's your turn, 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.
- You'll relax for about 45 minutes, then your practitioner will remove your needles and recommend a treatment plan for you. **Please do not interrupt the practitioner while she is with another patient unless it's an emergency.**

Clinic Etiquette

- Please enter the clinic quietly, silence your phone, and use your "library voice" to help preserve the calm environment.
- Please don't wear perfumes or heavy scents.
- You are more than welcome to bring reading material or use any device with headphones. Please don't read loud newspapers, or watch/listen to devices without earbuds etc.
- No political talk is allowed in the clinic.

Welcome to Beach Community Acupuncture!

Name _____ Date _____ Phone # _____

Street/City/State/Zip _____

Birth date ___ / ___ / ___ Email _____

Sex/Gender _____ preferred pronouns _____

Occupation _____ Primary Physician: _____

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)?

When was your last complete medical exam?

Circle if any of the following apply to you:

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

Please list (relevant) current medications:

Please list (relevant) accidents and/or surgeries:

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. On rare occasions, we may use electro-acupuncture (the therapeutic use of weak electric currents at acupuncture points).

Beach Community Acupuncture does not provide primary care medicine. Please seek primary health care from a qualified medical doctor.

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. Some possible side effects of taking herbs are nausea, gas, stomachache, headache, change in bowel movement or dizziness. Notify us should you experience any unanticipated effect, and keep us informed of my current medications. ***Certain herbs and acupuncture points are contraindicated during pregnancy. I will notify BCA if there is a chance I am pregnant, or if I intend to become pregnant.***

If any of the following apply to you, please note: pregnancy; bleeding disorder; pacemaker; local infection; or current use of anticoagulants. _____

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.

Consent: I acknowledge that I am accepting treatment from a licensed 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, and hold Master's degrees in Traditional Chinese Medicine (TCM). 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).

Printed Name: _____ **Signature:** _____ **Date:** _____