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Welcome!

Let me offer you a few words about acupuncture and how we shall proceed with your treatment. Acupuncture is a component of Traditional Chinese Medicine (TCM), a health care system that has been practiced in China for at least 2,500 years. It is based on the notion that there is a vital energy force, or “Qi” (pronounced ‘chee’), that flows through the body and helps to maintain health. Disruption, or disharmony, in the flow of qi is believed to cause disease. Acupuncture tries to correct the disruption by stimulating identifiable points that are found close to the skin with pressure, needles, or heat (moxa).

Chinese medical practitioners, such as acupuncturist, do not use the methods of diagnosis that are common to western medicine. Although past medical history is important, TCM will look at the whole person, paying close attention to past and present symptoms, family history, and an in depth analysis of bodily functions. Its own unique method of looking at the tongue and taking the pulse also plays a major role in diagnosis.

This method of diagnosis allows a wide variety of conditions to be treated with acupuncture. While many patients seek out TCM practitioners for the treatment of medical conditions, it can also be used to help patients maintain health.

Generally, acupuncture is not a quick fix. It will depend on how long you have had your symptoms as to how long it will take to see significant results. Most people, however, feel something immediately following the first treatment, or within a couple days following that appointment. I like to recommend that people give acupuncture at least 4-5 treatments before dismissing it as ineffective. Likewise, it is helpful for people to have at least 1 treatment every week for 1 month to have to most benefit. Acupuncture appears to have a cumulative effect, meaning that with each subsequent treatment, you may notice their effects lasting for a longer period of time.

Acupuncture is a form of medicine and has been used to treat most problems for thousands of years. Chinese medicine is in its infancy in the USA, and therefore, most people think of acupuncture as a form of pain management. While this may be true, it can also be used to treat many other conditions. The National Institute of Health (NIH) has indicated that Acupuncture has shown promising results for varied conditions, including: treatment of pain, adult post-operative and chemotherapy induced nausea and vomiting, digestive disorders: gastritis and spastic colon, constipation & diarrhea, respiratory disorders: sinusitis, sore throat, bronchitis, asthma, recurrent chest infections, neurological and muscular disorders: headaches, facial tics, neck pain, frozen shoulder, tennis elbow, tendonitis, low back pain, sciatica, osteo-arthritis, stroke rehabilitation, urinary, menstrual and reproductive problems, and addictions to alcohol, tobacco, and other drugs.

In Pennsylvania, acupuncturists are not considered primary care providers, but rather registered or licensed with the state board of medicine

Acupuncture, in general, is not covered by most insurance. If you have been in an auto accident or have a worker’s compensation claim, your insurance carrier should be contacted to ensure that acupuncture is covered. Some insurance will offer reimbursement to their clients or you may have a medical plan at work, which will reimburse you. Please ask for a receipt at the time of payment, and I will be happy to supply you with the necessary paperwork for reimbursement.

Payment for service is expected at the end of each treatment, unless other arrangements have been made. Cash, checks, Visa, MasterCard, Discover or Debit cards are accepted for payments. Fees are \$80 for the first treatment and each of the following treatments. If you are unable to pay these fees, a sliding scale is offered to all clients.

***Important:** If for any reason you are unable to keep your appointment, a 24-hour cancellation policy is in effect. If you do not cancel within the 24-hour period, a \$40 dollar fee will be required before your next treatment. If you have any questions before, during or after your treatment, please feel free to ask. You may e-mail or call me during business hours most days of the week.

Informed Consent for Acupuncture Treatments

I, the undersigned, understand that methods of treatment used in this practice may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, herbal therapy, massage, Qi Gong, and nutritional counseling.

I understand that acupuncture, moxibustion, electrical stimulation, cupping and pricking are all safe methods of treatment. Potential risks include temporary bruising, swelling, bleeding, numbness and tingling, and soreness at the needling site that may last a few days. Unusual risks of acupuncture include dizziness, fainting or nerve damage. Infection is possible, although the clinic uses alcohol and sterile disposable needles and maintains a safe and clean environment. Potential risks of moxibustion health therapy are burns, blistering, or scarring. Temporary bruising or redness lasting a few days is a common side effect of cupping and gua sha, or spooning. I fully understand that there is no implied or stated guarantee of success or effectiveness of a specific treatment or series of treatments.

I will notify the acupuncturist should I become pregnant or if I am in the process of trying to get pregnant so that my practitioner can avoid points and herbs that could induce miscarriage. Otherwise, Chinese medicine treatment can be very beneficial in the pregnancy and birthing process.

I understand that herbal and nutritional supplements recommended to me by my acupuncturist are safe in the recommended doses. Large doses of herbs taken without my practitioner's recommendation may be toxic, and some herbs are inappropriate during pregnancy. Some possible side effects of herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives and tingling of the tongue. I understand that I must stop taking any herbs and notify my acupuncturist as soon as I experience any discomfort or adverse reactions.

I understand that my acupuncturist may review my medical records and lab reports, but all my records will be kept confidential. If it becomes necessary to share my health information, this will be handled in accordance with the stipulations detailed in the Notice of Privacy Practices document that has been provided to me, and of which I have acknowledged receipt.

I understand that I can discuss risks and benefits further with my practitioner before signing if I so choose. However, I do not expect my practitioner to be able to anticipate and explain all possible risks and complications of treatment. I rely on the practitioner to exercise his or her judgment in my best interest during the course of treatment, based upon the facts then known.

I recognize that scheduling an appointment involves the reservation of time specifically for me, and that consequently, a minimum of 24 hours notice is required to reschedule or cancel an appointment. Unless otherwise agreed to in advance, the full fee will be charged for sessions missed without such advance notification. I understand that most insurance companies do not reimburse for missed sessions.

In signing this form, I acknowledge any inherent risks, and give my consent for treatment, payment and healthcare operations received, incurred or carried out at this practice.

Patient Signature

Date

Notice of Privacy Practices

This notice summarizes how health data about you may be used and shared and how you can get access to this data.

I. How we may use and share health data about you:

- a) Treatment - To give you medical treatment or other types of health services.
- b) Payment - To bill you or a third party for payment for services provided to you.
- c) Health Care Operations - For our own operations such as quality control, compliance monitoring, audit, etc.

II. Disclosures where we do not have to give you a chance to agree or object:

- a) To you
- b) As required by federal, state, or local law
- c) If child abuse or neglect is suspected
- d) Public health risks (for public health activities to prevent and control spread of disease)
- e) Lawsuits and disputes (in response to a court or administrative order)
- f) Law enforcement (to help law enforcement officials respond to criminal activities)
- g) Coroners, medical examiners and funeral directors
- h) Organ or tissue donation facilities if you are an organ donor
- i) To avert a threat to an individual or to public health safety

III. Disclosures where we have to give you a chance to agree or object:

- a) Patient directories - You can decide what health data, if any, you want to be listed in patient directories.
- b) Persons involved in your care or payment for your care - We may share your health data with a family member, a close friend, or other person that you have named as being involved with your health care.

IV. Other uses of health data: Other uses not covered by this notice or the laws that apply to us will be made only with your written consent.

V. You have the following rights relating to the health data we keep about you:

- a) Right to inspect your health record and to receive a copy of your health record upon request
- b) Right to amend information in your health record you believe is inaccurate or incomplete
- c) Right to know to whom we have disclosed your health information
- d) Right to ask for limits on the health information data we give out about you
- e) Right to receive communication from us about your health information in alternate ways
- f) Right to a paper copy of the complete Notice of Privacy Practices

I acknowledge that I have received the NOTICE OF PRIVACY PRACTICES of this practice.

Signature of patient or representative

Date

Print patient name

Patient Birth Date

Patient Information
Louise M. Bowman, LAc., MSNutr., CYT

Name: _____	Birth Date: _____
Address: _____	Phone Number: _____
City: _____ ST _____ Zip _____	Cell Number: _____
Occupation: _____	Email Address: _____
Emergency Contact (Name and Phone Number): _____	Referred By: _____

Have you ever had acupuncture before? _____ What were you being treated for and for how long? _____

What is your primary reason for seeking acupuncture treatments today? _____

Do you know what caused the problem? _____

Does anything make it better? _____

Does anything make it worse? _____

Is it worse in the morning, daytime or evening? _____

Have you tried any other treatments? _____

Have you had any diagnostic testing done? _____

Are there any other symptoms or conditions that you would like to address with acupuncture? _____

Daily Routines

How is your sleep? _____ Trouble falling asleep or staying asleep? _____

If you wake up in the night, is it the same time every night? _____ What time? _____

What time do you go to bed at night? _____ What time do you wake in the morning? _____

Do you feel rested upon waking? _____

How is your energy? _____ When is your energy at its highest level? _____

When is it at its lowest? _____ How is your sexual energy? _____

How is your appetite? _____ Do you have any cravings? _____

Do you drink coffee or other caffeine-containing beverages? _____

Do you drink alcohol? _____

How is your digestion? _____ Do you have any gas or bloating? _____

How are your bowel movements? _____ How many times per day? _____

How is your urination? _____ In proportion to what you drink? _____
How is your circulation? _____ Cold hands or cold feet? _____
Do you exercise? _____ Do you stretch? _____

Women

Is your menstrual cycle regular? _____ How many days between cycles? _____
Do you have pain with your periods? _____ If yes, when? _____
What is the color of the blood? (red, bright or dark, pale) _____ Any clots? _____
How is the flow? (heavy, light) _____ How many days do you bleed? _____
Have you ever been pregnant? _____ If so, how many times? _____ How many births? _____
Did you have any difficulties? _____
Are you currently trying to conceive? _____ Any difficulties? _____
Are you in menopause? _____ Do you experience hot flashes? _____ Night sweats? _____

Medical History

Please check off any of the following conditions or symptoms that apply to you:

_____ High Blood Pressure	_____ Low Blood Pressure	_____ Muscle Sprain/Strain
_____ Blood Clots	_____ Varicose Veins	_____ Heart Attack/Stroke
_____ Low Back Pain	_____ Bursitis	_____ Arthritis
_____ Allergies	_____ Skin Infections	_____ Headaches
_____ Diabetes	_____ Hypo or Hyperglycemia	_____ Migraines
_____ Sleep Difficulties	_____ Low Energy/Fatigue	_____ Smoke
_____ PMS	_____ Menstrual Pain	_____ Hot Flash/Night Sweat

Other (please list): _____

Please describe any significant events in your medical history (hospitalizations, accidents, surgeries, etc.): _____

Please list any medications that you are currently taking: _____

Please list any vitamins or herbal supplements that you are currently taking: _____

Primary Care Physician's Name: _____

Diagnosis from Physician: _____

When was your most recent physical examination? _____

Chinese Medical Diagnostic Questions

Do you have a favorite season? (Winter, spring, summer, fall) _____

Do you have a favorite color? _____

What is your prevailing emotion? (e.g. Happy, sad, frustrated, angry, etc.) _____