

Welcome to East Nashville Community Acupuncture!

Please take some time to read through this introduction to our clinic and our community. You may complete the intake forms ahead of time and bring them with you to your first appointment. If you're not able to fill out the forms ahead of time, please plan to arrive about 15 minutes early for your appointment to fill out your paperwork at the clinic. We look forward to meeting you!

On the day of your first appointment...

- Please do not wear any perfume, cologne or scented lotions. Many of our patients are sensitive to smells.
- Plan to be at the clinic for about 90 minutes. Follow-up appointments may not take as long.
- Wear loose, comfortable clothing with sleeves that can be rolled up to the elbows and pants that can be rolled up to the knees.
- The treatment room has soft, soothing music playing, but you may bring earplugs or headphones if you prefer to listen to your own music.
- Please eat a little something beforehand. Acupuncture is not recommended on an empty stomach.
- Don't plan to engage in strenuous activity right after receiving acupuncture.

We are located in the EastSide Station building at 805 Woodland Street, Suite 340. There is ample free parking right out front.

Here are a few things we'd like you to know about getting treated at our clinic:

We treat in a community setting.

It's traditional in Asia for acupuncture to occur in a community setting. Treating patients this way has many benefits: it's easy for friends and family members to come in together; many patients find it comforting; and a collective energetic field becomes established which actually makes individual treatments more powerful.

We charge on a sliding scale.

We offer treatments on a sliding scale of \$15-\$35 with an additional one-time \$10 new patient fee on your first appointment. You simply decide what you can afford; there is never any need to prove your income.

Stay as long as you like.

Once your needles go in, you can rest here for as long as you like; this can range from 30 minutes to 3 or more hours. There's no "right" amount of time, and most patients learn what feels best after a treatment or two. *We won't disturb you if your eyes are closed, so whenever you feel done, just sit up in your chair or open your eyes. If you ever need to leave by a specific time, please tell us so we can pull your needles on time.*

Acupuncture is a process.

It is very rare for any acupuncturist to be able to resolve a problem with one treatment. Frequent treatment is much more likely to lead to relief. At your first visit, your acupuncturist will recommend a treatment plan. If you don't come in often enough or for enough treatments, acupuncture might not work as well for you.

Acupuncture is not primary care.

Like any form of medicine, acupuncture has its limitations. If you have a serious health issue such as a prolonged infection, a malignant growth, or an injury that won't heal, or if you want someone knowledgeable to go over the details of your medical history with you, you need to see an MD.

We are a sustainable community business model.

This means we exist because patients pay for their treatments. We do not receive grants, government funding, or insurance reimbursement. We are very grateful for the extraordinary amount of marketing our patients do on our behalf - because we don't have to advertise, we are able to keep our prices low for everyone.

Cancellation Policy

All appointments that are cancelled or rescheduled with less than 24 hours advance notice, and all appointments missed without notice, will be charged a \$15 fee.

We're glad you're here.

We hope you enjoy the clinic as much as we do. Please make yourself comfortable - if that means you need to bring earplugs or headphones, or a pillow from home, that's fine with us. Part of our success is that patients learn the "routine" and are respectful of the community space. And of course, please turn off your cell phone.

East Nashville Community Acupuncture
805 Woodland Street, Suite 340, Nashville TN 37206
(615) 457-1979 / www.eastnashvilleacupuncture.com

Patient Information	Contact Information
Name _____ Date _____ Address _____ City State Zip _____ Age _____ Birthdate _____ Preferred Pronoun: _____ Occupation _____ Company Name _____ Primary Physician _____ How did you hear about us? _____	Home phone _____ Work phone _____ Cell phone _____ Email address (for appointment reminders): _____ Emergency Contact: Name _____ Relationship _____ Phone _____
Health History	
What are your primary reasons for seeking treatment? 1) _____ 2) _____ 3) _____ How is your sleep? _____ _____ How is your digestion? _____ _____ How is your energy level overall? _____ How is your stress level? _____ Check illnesses that have occurred in blood relatives: ___ Diabetes ___ High blood pressure ___ Stroke ___ Cancer ___ Heart Disease ___ Kidney Disease When was your last complete medical exam? _____ _____ List any supplements or medications you are taking: _____ _____ _____ _____ _____	Check any symptoms you are currently experiencing: <input type="checkbox"/> Depression <input type="checkbox"/> Difficulty focusing <input type="checkbox"/> Dizziness <input type="checkbox"/> Easily startled <input type="checkbox"/> Excessive worry <input type="checkbox"/> Excessive anger <input type="checkbox"/> Excessive fear <input type="checkbox"/> Fatigue <input type="checkbox"/> Headaches <input type="checkbox"/> Loss of sleep/poor sleep <input type="checkbox"/> Weight gain or loss <input type="checkbox"/> Irritability <input type="checkbox"/> Anxiety <input type="checkbox"/> Feeling overwhelmed Check conditions you have or have had in the past: <input type="checkbox"/> AIDS/HIV <input type="checkbox"/> Allergies <input type="checkbox"/> Anemia <input type="checkbox"/> Arthritis <input type="checkbox"/> Bleeding disorders <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes Are you pregnant or possibly pregnant? _____ List serious illnesses, accidents or surgeries: _____ _____ _____ _____

Health History - Continued

Check any symptoms you are currently experiencing:

CARDIOVASCULAR

- Chest pain
- Hardening of arteries
- High or low blood pressure
- Poor circulation
- Heart attack
- Rapid/irregular heart beat
- Swelling

EYES/EARS/NOSE//THROAT/RESPIRATORY

- Asthma
- Blurred or failing vision
- Difficulty breathing
- Earache
- Enlarged glands
- Eye pain
- Frequent colds
- Hay fever
- Hoarseness
- Gum trouble
- Nosebleeds
- Loss of hearing
- Persistent cough
- Ringing in ears
- Sinus problems

SKIN

- Boils
- Bruise easily
- Dry skin
- Itching/rash
- Sensitive skin
- Sore won't heal
- Sweating

GENITOURINARY

- Frequent urination
- Blood in urine
- Urinary incontinence
- Kidney infections/stones
- Low libido

GASTROINTESTINAL

- Belching, gas or bloating
- Constipation
- Diarrhea
- Difficulty swallowing
- Distention of abdomen
- Excessive hunger
- Gallbladder problems
- Hemorrhoids
- Indigestion
- Nausea
- Stomach pain
- Poor appetite
- Vomiting

HORMONAL/REPRODUCTIVE

- Erectile dysfunction
- Prostate problems
- Bleeding between periods
- Painful periods
- Clots in menses
- Excessive menstrual flow
- Irregular cycle
- Menopausal symptoms
- PMS
- Previous miscarriage
- Scanty menstrual flow
- Infertility
- Could you be pregnant? _____

MUSCLE/JOINTS/BONES

- Tremors
 - Cramps
 - Swollen joints
- Pain, weakness, or numbness in:
- Arms
 - Hips
 - Back
 - Legs
 - Shoulders
 - Neck
 - Hands
 - Feet
 - Other _____

Signature

The information on this form is correct to the best of my knowledge.

Signature _____

Date _____

Financial Policy

East Nashville Community Acupuncture (“ENCA”) is a low-cost, high-volume Community Acupuncture clinic. Our fees are \$15-\$35 per treatment. There is an additional one-time fee of \$10 at your first visit. You decide what you can pay at each visit. We will never ask for income verification and trust that you know best what you can afford to pay for your treatment.

Payment is expected at the time of your visit. We accept cash, checks and debit or credit cards. We ask that you be prepared to pay for your treatment each time you come in. At any time you may change the amount you pay on the sliding scale. If you need a receipt to submit to your insurance, please let us know.

We reserve an appointment time for you and ask that you call us if you cannot keep your appointment. In consideration of other patients who may be on a waiting list for an appointment, we ask that you give us at least 24 hours notice if you need to cancel an appointment.

All appointments that are cancelled or rescheduled with less than 24 hours advance notice, and all appointments missed without notice, will be charged a \$15 fee.

We do understand that emergencies happen, and will consider these on an individual basis. Thanks for understanding and in doing so, helping us to keep our fees as low as possible.

I agree to the above financial policy:

Printed Name

Signature

Date

Informed Consent

I voluntarily consent to receive acupuncture treatments and other procedures within the scope of acupuncture practice (for myself or for the patient named below, for whom I am legally responsible) from the acupuncturists at East Nashville Community Acupuncture (“ENCA”).

Acupuncture involves the insertion of thin, solid needles into particular points on the body. By signing below, I indicate that I understand that side effects of acupuncture, while not common, may include pain in the treatment area, bruising, bleeding, faintness, possible worsening of some symptoms for 24-48 hours before improvement begins, and as with any procedure in which the skin is broken, a very slight risk of infection.

ENCA uses only one-time use, sterile, disposable needles. We do not re-use needles, even at different areas of the body on the same person.

ENCA does not provide primary care, or allopathic (Western) medical care. Please see your medical doctor for those services and for routine check-ups. If you are pregnant, have a bleeding disorder, pacemaker, high blood pressure, seizure disorder, local infection, or have been prescribed anticoagulant (blood-thinning) medications, by signing below you state that you have informed your acupuncturist of such conditions.

Printed Name

Signature

Date