

Welcome to Sebastopol Community Acupuncture

We are delighted that you have decided to join us for acupuncture! Here are a few things that we think it's helpful for you to know.

We Have a Sliding Scale

Our suggested fee is \$60. However we have a sliding scale (based on Household Income) of \$30-\$60. There is an additional one-time \$15 consultation fee for the first appointment. There is never any need to prove your income. Our goal is for you to be able to find out how useful acupuncture can be for you. Acupuncture is most effective for current health concerns when it is done frequently and regularly. We've found this to be especially true at the beginning of a course of treatment. Acupuncture is a process. It is very rare for any person to be able to resolve a problem completely with one treatment. Frequent treatment is much more likely to lead to relief. Your acupuncturist will suggest a course of treatment based on the intensity and duration of your health concern. Twice a week is usually the minimum needed to get some momentum moving ahead with speed for a health issue – though more frequent visits are common for short periods of time if the problem is quite intense. If you don't come in often enough or for enough treatments, acupuncture may not work as well for you.

We Treat in a Community Room

We believe a group setting has many benefits: it's easier for friends and family to come in together and it allows patients to keep their needles in as long as they want. Most people learn after a few treatments when they feel 'done' or 'cooked'. This can take anywhere from twenty minutes to an hour or more. The treatment room is meant to remain a quiet space for you and others to rest, sleep and sort it all out. Its atmosphere exists through our patients relaxing together. We appreciate everyone's presence...we find this kind of collective stillness a rare and valuable thing. Maintaining this reservoir of calm requires very little talking in the clinic space – including by us. If you would like to speak to your acupuncturist one-on-one at great length, please let us know. We can arrange for a consultation in the office, at an additional fee.

Our Commitment to You

We want our community to be welcoming to all different kinds of people. We want to give you the tools to take care of your own health in a safe environment with skilled, experienced practitioners. We will always be available to listen to any advice and/or feedback you may have about SCA. We will do all of this with a sense of humor and help from you as well. Please enjoy the space and time to do your work. We're happy you're here.

The Whole SCA Staff

Date: _____

Name: _____ Preferred nickname: _____

Date of Birth: _____ Gender or Preferred Gender Pronoun: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email Address: _____

We will never share your email address. Ever!

Occupation: _____ Emergency contact: _____

Medical Doctor (primary): _____

Have You Had Acupuncture Previously? Yes No

How Did You Hear About Us? _____

Main Complaint

1. _____

When did this start? _____

Heat makes it	better	no change	worse
Cold makes it	better	no change	worse
Damp weather	better	no change	worse
Exercise/Activity	better	no change	worse

Does this pain/issue interfere with your work?
(circle one)

YES or NO

Please rate the intensity of this complaint from **0** being **none** to **10** being the **worst you can imagine**. Mark **B** for when intensity is at its **BEST** and **W** for when intensity is at its **WORST**.

0<-----1-----3-----5-----7-----9----->10

Secondary Complaint

2. _____

When did this start? _____

Heat makes it	better	no change	worse
Cold makes it	better	no change	worse
Damp weather	better	no change	worse
Exercise/Activity	better	no change	worse

Does this pain/issue interfere with your work?
(circle one)

YES or NO

Please rate the intensity of this complaint from **0** being **none** to **10** being the **worst you can imagine**. Mark **B** for when intensity is at its **BEST** and **W** for when intensity is at its **WORST**.

0<-----1-----3-----5-----7-----9----->10

Are there any other concerns you'd like us to know about? _____

Do you have any trouble sleeping? _____

Do you have any trouble digesting your food? _____

How often do you move your bowels? _____ with ease? _____

Do you feel like you have enough energy to get through the day? _____

Is there anything else you'd like us to know about you? _____

Financial Policy

SCA is a low-cost, high volume community acupuncture clinic. Our fees are \$30 - \$60 per treatment. 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. We make every attempt to make Acupuncture and Chinese Herbal Medicine available to as many people as possible at the most affordable rates. This is our only mission.

Payment is expected at the time of your visit. We accept checks, cash, visa, and mc. We ask that you be prepared to pay for your treatment each time you come in. At any time you can change the amount that you pay on the sliding scale up or down, at any visit. If you need a receipt to submit to your insurance or simply a cash receipt, please let us know at the time of service. We may not be able to give a record of an individual's payments after the day of service.

We reserve an appointment time for you and ask that you call us if you cannot keep your appointment. In consideration of other folks who may be on a waiting list for appointments, we ask that you give us at least 24 hours notice in advance of an appointment that you'll not be able to keep.

All appointments that are canceled with less than 24 hours notice, or are missed altogether without letting our front desk know, will be charged a \$30.00 fee payable at the next visit.

We do also recognize that emergencies happen, and would be happy to consider these on an individual basis, of course. Thanks for understanding and in doing so, helping us to keep our fees as low as possible.

There will be a \$30 fee for any returned checks.

I agree to the above policy

Print Name _____

Signature _____ Date _____

Informed Consent

Acupuncture involves the insertion of special needles into particular points on the body. The purpose of this treatment is to prevent or reduce pain and to help your body function better. There are some risks to treatment, including bruising of the skin and/or slight bleeding, weakness, fainting and aggravation of symptoms existing prior to acupuncture treatment. There is little to no risk of infection when all needles are sterile. **SCA uses only one-time use, sterile disposable needles. We do not reuse needles, even at different areas of the body for the same person.**

We do not provide primary care, nor Western (allopathic) 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 like Coumadin, by signing below you state that you have informed your acupuncturist of such conditions.

With this knowledge, I voluntarily consent to the above procedures.

Print Name _____

Signature _____ Date _____