



Welcome to our community!

Please take a minute to read this introduction to our clinic and to our community.

We are delighted that you are interested in joining us!

What is different about the PhxCA clinic?

- We treat in a community setting -

Most US acupuncturists treat patients on tables in individual cubicles. This is not traditional in Asia, where acupuncture usually occurs in a community setting. In our clinic we primarily use recliners in a quiet, soothing space. Treating patients in a community setting has many benefits: it's easy for friends and family members to come in for treatment together; many patients find it comforting; being in a collective space can make individual treatments more powerful. Treatments last from 30-60 minutes, depending on what you have time for. Many people fall asleep and wake feeling refreshed.

- We have a sliding scale -

Most US acupuncturists also see only one patient per hour and charge \$65 to \$175 per treatment. They tend to spend a long time talking with each patient, going over medical records, asking many questions...

We don't. The only way that we at PhxCA can make acupuncture affordable and still make a living ourselves is to streamline our treatments and see multiple patients per hour, so we have returned to the traditional approach. Instead of asking you lots of questions, we rely on pulse diagnosis to decide how to treat you. This is exactly how acupuncture is practiced traditionally in Asia; many patients per hour and very little talking.

Our sliding scale is \$15 to \$35 a treatment, you choose what you pay, no questions asked. The first time you come in, there is an additional \$10 administrative fee.

- Our commitment to you -

We want to make it possible for you to receive acupuncture regularly enough and long enough to get better and stay better. 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 so that you will not need to rely on corporations like Big Insurance or Pharmaceuticals for costly, high-tech interventions.

PCA does not provide primary care medicine. Acupuncture is a wonderful complement to Western medicine, but it is not a substitute for it. If you think you have a problem that is serious, or if you want someone knowledgeable to go over the details of your medical history with you, you need to see a primary care physician. We can provide some excellent, affordable referrals, even if you have no insurance coverage. But it is not within our scope of practice to diagnose and treat something really serious. We *can* provide complementary care for conditions that require a physician's attention -- for instance, we often treat patients for the side effects of chemotherapy.

PCA does not receive grants, state or federal money, or insurance reimbursement. PCA exists because patients pay for their treatments – it a sustainable community business model.

- Community-Mindedness -

The soothing atmosphere in our clinic exists because all of our patients create it by relaxing together. We appreciate everyone's presence! This kind of collective stillness is a rare and precious thing in our rushed and busy society. Maintaining this reservoir of calm requires a minimum of noise. If you would like to speak to a practitioner one-on-one at any length, please let us know. If you want to have a substantial conversation, we will probably need to schedule that separately and might need to do it by phone.

Part of our success is that our patients learn the "routine". We suggest re-scheduling and making payment BEFORE so you can relax and enjoy your treatment. Please take all personal belongings, (bags, shoes, etc.) with you back into the treatment room and please turn off your cell phone.

And finally, please help keep everyone safe by staying home if you have any flu-like symptoms (fever, nausea/vomiting, diarrhea, etc).

- What to expect -

Acupuncture is a PROCESS. It is very rare for any acupuncturist to be able to resolve a problem with only one treatment. In China, a typical treatment protocol for a chronic condition could be acupuncture every other day for three months! Most of our patients don't need that much acupuncture, but virtually every patient requires a course of treatment, rather than a single treatment, in order to get what they want from acupuncture.

One big reason that we are able to keep our prices so low is because of the extraordinary amount of marketing our patients do on our behalf. We cannot express how grateful we are for this. Our patients are such effective marketers because they have first-hand experience of how well acupuncture works. All of our satisfied patients basically made a commitment to a course of treatment.

On your first visit, your acupuncturist will suggest a course of treatment, which can be anything from "we'd like to see you once a week for six weeks" to "we'd really like to see you every day for the next four days". This suggestion is based on our experience with treating different kinds of conditions. If you don't come in often enough or long enough, acupuncture probably won't work for you. The purpose of our sliding scale is to help you make that commitment. If you have questions about how long it will take to see results, please ask us. We need you to commit to the process of treatment in order to get good results.

And, last, but not least....enjoy the space. We do, and hope that Phoenix Community Acupuncture can become an important part of your community.

Thank you and we look forward to working with you!

Phoenix Community Acupuncture

Phoenix Community Acupuncture's Fine Print
-Please initial each section, then sign and date the back. Thank you.-

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 the possibility of bruising of the skin and/or slight bleeding, weakness, fainting, and/or the aggravation of symptoms existing prior to acupuncture treatment. There is little to no risk of infection when all needles are sterile. PhxCA uses only one-time use, sterile disposable needles. We do not reuse needles. PhxCA does not provide primary care, nor Western (allopathic) 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, local infection, or have been prescribed anticoagulant medications like Coumadin, we can still treat you but should be made aware of your condition. By signing below you state that you have informed your acupuncturist of such conditions.

_____ I understand the risks and I voluntarily consent to the above procedures.

RELEASE OF LIABILITY FOR LOST OR STOLEN GOODS

PhxCA is not responsible for lost or stolen goods.

_____ I release Phoenix Community Acupuncture from liability for lost or stolen goods.

PRIVACY POLICY

PhxCA takes the right to your privacy seriously. We do not disclose any personal, health, financial, or any other information about you, or services we provide to you to any third parties without your request or permission. This includes online services we provide, including access to your appointment information, user ID, or password.

_____ I understand Phoenix Community Acupuncture Privacy Policy.

CANCELLATION/ELECTRONIC RECEIPT POLICY

Phoenix Community Acupuncture makes every attempt to make acupuncture available to as many people as possible, at the most affordable rates. Because our intention is to offer high-quality healthcare at affordable prices, we ask for at least 4-hour advance notice if it is necessary to cancel an appointment. All appointments that are cancelled with less than 4-hour advance notice, and appointments missed without notice, will be charged \$10 for that appointment. If appointments have been purchased in a package, the missed or cancelled appointment will be deducted from the number of remaining appointments in that package.

I am aware that if I provide my email or phone number to Square credit card reader, then they will email or text me receipts from PhxCA purchases

_____ I agree to Phoenix Community Acupuncture's Financial Policy

COMMUNITY SPACE ACKNOWLEDGEMENT

I understand that...

- Community acupuncture is a high volume model, my acupuncturist may not look at my chart before seeing me. I will tell the acupuncturist my symptoms each time.
- If I need to be woken up at a certain time, I will let the acupuncturist know.
- I might be too relaxed to drive immediately after treatment.
- If other people's snoring bothers me, PhxCA has ear plugs available for 25¢. Personal headphones may also be used so long as they are not distracting to other patients.
- In a community space whispering and turning off my cell phone are necessary.
- I have the option to write down in a note any issues that I want to inform my acupuncturist of but do not want to speak about in a community setting.
- For safety reasons, if I need a blanket, I will tell my acupuncturist and they can get it for me.
- If I have a cough for any reason, I will be asked to wear a mask which PhxCA can provide.
- If I am experiencing flu-like symptoms (fever, nausea/vomiting, diarrhea, etc.), I will stay home and not come to PhxCA for acupuncture until I am well.
- I need to eat and drink enough water before treatment.
- For best results, loose clothing, that can be rolled to elbows and knees, is advised.
- If I am taking recommended herbal supplements and I experience adverse reactions, I will stop taking the herbs and notify the clinic immediately.
- Acupuncture needles are very small; and PhxCA needs to treat a high volume of patients in order to keep its prices low; and so I may need to help my acupuncturist locate all of the needles at the end of my treatment and before I leave the clinic.
- I am willing to participate in my own treatment process.

_____ I agree to an intake, a treatment, and follow ups in a community space.

CLINIC RULES

I will not walk in the clinic with bare feet, I will not leave my chair while needles are inserted, I will alert the staff if I see a needle on the floor, but I will not touch it; I will not remove my own needles.

_____ I agree to follow the clinic rules.

By signing below, I agree to the policies, consents and release of liability as set forth on the entirety of this document.

Signature _____ Date ____/____/____



2530 N. 7th St. Phoenix, AZ 85006 623-242-0541

PATIENT INFORMATION	CONTACT INFORMATION
Date _____ Name _____ Address _____ City State Zip _____ Age _____ Birthdate _____ Occupation _____ Gender _____ Preferred Pronoun _____ How did you hear about us? _____	Phone _____ Email _____ Would you like to receive our monthly newsletter? <p style="text-align: center;">YES / NO</p> Another person we may contact if needed: Name _____ Relationship _____ Phone _____
HEALTH HISTORY	
What would you like to receive treatment for? 1- _____ _____ 2 - _____ _____ 3 - _____ _____ Rate the severity of above issues 0 - 10 : _____ How is your sleep? _____ _____ How is your digestion? _____ _____	List medications or food supplements you are taking. _____ _____ _____ List serious illnesses, accidents or surgeries from the last 5 years _____ _____ Do you currently have flu-like symptoms (fever, nausea/vomiting, diarrhea, etc)? _____ Date of last menses _____ Could you be pregnant _____ TRAVEL HISTORY Have you traveled out of the region within the last 30 days? _____ If yes, where? _____

HEALTH HISTORY...CONTINUED

Check symptoms you have or have had in the last year:

- | | |
|--|--|
| <ul style="list-style-type: none"><input type="checkbox"/> Depression<input type="checkbox"/> AIDS/HIV<input type="checkbox"/> Hepatitis B or C<input type="checkbox"/> Dizziness<input type="checkbox"/> Anxiety<input type="checkbox"/> Excessive anger<input type="checkbox"/> Fatigue<input type="checkbox"/> Headaches<input type="checkbox"/> Anemia<input type="checkbox"/> Arthritis<input type="checkbox"/> Cancer<input type="checkbox"/> Diabetes<input type="checkbox"/> Neuropathy<input type="checkbox"/> Epilepsy<input type="checkbox"/> Tremors<input type="checkbox"/> Asthma or difficulty breathing<input type="checkbox"/> Blurred/failing vision<input type="checkbox"/> Ear pain<input type="checkbox"/> Eye pain<input type="checkbox"/> Hearing loss<input type="checkbox"/> Ringing in ears- high or low pitch (circle one)<input type="checkbox"/> Cough<input type="checkbox"/> Sore throat<input type="checkbox"/> Bruise easily<input type="checkbox"/> Itching/rash | <ul style="list-style-type: none"><input type="checkbox"/> Night sweats<input type="checkbox"/> Tend to feel hot easily<input type="checkbox"/> Tend to feel cold easily<input type="checkbox"/> Blood in urine<input type="checkbox"/> Kidney infections/stones<input type="checkbox"/> Low libido<input type="checkbox"/> Chest pain<input type="checkbox"/> High blood pressure<input type="checkbox"/> Low blood pressure<input type="checkbox"/> Heart palpitations<input type="checkbox"/> Diarrhea<input type="checkbox"/> Constipation<input type="checkbox"/> Indigestion/heartburn<input type="checkbox"/> Nausea<input type="checkbox"/> Stomach pain<input type="checkbox"/> Poor appetite<input type="checkbox"/> Vomiting<input type="checkbox"/> Prostate trouble<input type="checkbox"/> Excessive menstrual flow<input type="checkbox"/> Menstrual cots<input type="checkbox"/> PMS/PMDD<input type="checkbox"/> Amenorrhea (period has stopped)<input type="checkbox"/> Menopause<input type="checkbox"/> History of miscarriage<input type="checkbox"/> PCOS<input type="checkbox"/> Undergoing fertility treatments |
|--|--|

SIGNATURE

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

Signature _____ Date _____