

Welcome to QiWorks Community Acupuncture!

Please read this welcome letter before your first treatment with us.

About us: Our mission is to provide affordable, high-quality group acupuncture to the community. We treat multiple people in recliners in a peaceful common room, which helps us to keep costs down. Your acupuncture treatment might include points on your arms and hands, legs and feet, and/or head and neck. Because acupuncture channels flow across the entire body, it is possible to treat anything without needling directly into the affected area. For example, we treat back problems with points on the hands and legs.

First Time? Here's what you need to know.

- Treatments are \$15-\$40—YOU decide what to pay each time. There is an additional \$15 first-visit fee.
- We ask that you pay before receiving your treatment.
- *Turn your phone off* and come in quietly ... do your best to preserve the calm environment.
- You're welcome to bring an iPod or earplugs. We have earplugs near the treatment room door.
- Help yourself to blankets and neck supports and make yourself comfortable before your treatment.
- Wear loose clothing that you can comfortably roll up to your elbows and knees.
- After looking at your chart, the acupuncturist will ask you a few questions. There's not a lot of talking. We provide over 250 treatments a week, and we've got lots of experience getting “right to the point.”
- People experience acupuncture differently, but most feel no or minimal sensation as the needles are inserted. Needles are single-use, sterile, and stainless steel.
- You will relax with your needles in—how long is up to you. The average is 30-60 minutes. Some people read or listen to their own music. Many people nap. If you need to be out by a certain time, let us know.
- Before and/or after the treatment, your acupuncturist will recommend a treatment plan for you. Acupuncture is a PROCESS, and changes happen over time.
- If you are happy with your treatment, please tell your friends and family. The success of our clinic relies on you. We want you to love acupuncture as much as we do!

Our commitment to you: We strive to make your course of treatment as quick and effective as possible. *Frequent and regular treatments* are much more likely to bring relief. This is especially true at the beginning of a course of treatment when we are getting the ball rolling. If you don't come in often enough or for enough treatments, acupuncture may not work as well for you.

We are a “POCA” Clinic, and part of a national movement. POCA is the People's Organization of Community Acupuncture. POCA's goal is to make acupuncture available to as many people as possible and to promote stable and sustainable businesses and jobs. POCA's website (pocacoop.com) allows you to search for other POCA clinics by city or state—it's a great tool to find clinics similar to QiWorks in other locations.



Today's Date _____

****Have you had acupuncture before? Yes or No (circle one)**

Name _____ Nickname _____

Address _____ City/State/Zip _____

Email: _____ Gender _____

Birth date _____ Best Phone #: _____

Emergency Contact Name/Phone _____

Occupation _____ How did you find out about us? _____

Reason(s) for your visit, in order of importance to you:

- _____
- _____
- _____

When/how did your concern(s) occur, and have you received a diagnosis and/or any treatment(s)?

Please list current medications:

Please list significant illnesses, accidents, and/or surgeries:

Do you have trouble sleeping? _____

Do you have trouble digesting your food? _____

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

What is your stress level? (circle one) Low, Medium, High, Variable

What else would you like to tell us?

**Check any that apply
(or may apply) to you:**

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

For office use only



RTP:

PATIENT INFORMATION AND CONSENT FORM

Is acupuncture safe?

- **Acupuncture is generally very safe.**
- Serious side effects are exceedingly rare.
- QiWorks uses only sterile, disposable, single-use needles and maintains a clean and safe environment.

Does acupuncture have side effects?

- Like all medical treatments, acupuncture can cause side effects, including but not limited to the following:
 - Slight pain, numbness, bleeding, bruising, and/or tingling at the insertion site that may last a few days.
 - Symptoms worsening after treatment. If this occurs, you should tell your acupuncturist. Usually it is a natural part of the healing process before improvement begins.
- The following side effects are **extremely rare**; notify us immediately of any occurrence.
 - Dizziness or fainting during or immediately after a treatment. To help avoid this, please do not receive acupuncture on an empty stomach or on an overly full stomach.
 - Rashes caused by the alcohol used to clean the skin or due to a reaction to the needle itself.
 - Infection.
 - Nerve injury (due to accidental nerve puncture).
 - Spontaneous miscarriage.
 - Perforation of vital organs.
 - Needle breaking while inserted in the body.
 - Other side effects or risks may occur.
- Side effects of **herbal and homeopathic remedies** include nausea, gas, stomachache, headache, vomiting, diarrhea, rashes, hives, tingling of tongue, and dizziness. Some may be inappropriate during pregnancy.

Is there anything your practitioner needs to know?

- Apart from the usual medical details, it is important to let your practitioner know if you have had:
 - Fainting or seizures.
 - A pacemaker or other electrical implants.
 - A bleeding disorder.
 - Anti-coagulant medication (such as Coumadin or Warfarin).
 - Diabetes, a compromised immune system, or any other particular risk for infection.
 - If you **may be pregnant** or **plan to become pregnant** during the course of treatment.

Statement of Consent:

I confirm that I have carefully read and understand all of the above information and am fully aware of what I am signing. I understand that QiWorks Community Acupuncture, LLC ("QiWorks") does not provide primary care, or Western (allopathic) medical care. I hereby release QiWorks and its employees and subcontractors from any and all liability that may occur in connection with the acupuncture treatment I receive, except for failure to perform with appropriate medical care. I hereby give my consent to acupuncture and any herbal/homeopathic treatment for my present condition and for any future condition(s) for which I seek treatment.

Signature of Patient (or Parent/Guardian): _____

Printed Name: _____ Date: _____



FINANCIAL POLICY

\$15-\$40 sliding scale per treatment, plus a one-time \$15 intake fee for new patients.

You decide what to pay at each visit. There is no income verification.

Cash, checks, and credit cards accepted.

Payment is expected at the time of service. There is a \$15 charge for returned checks.

We do not bill insurance or provide information to insurance companies such as diagnosis or procedure codes.

If you need a receipt to submit to your insurance/flex plan, we can email or print out a receipt upon request.

LATE ARRIVAL POLICY

QiWorks is a low-cost, high-volume Community Acupuncture Clinic.

We keep our fees low by scheduling patients every 10 minutes.

If you are late, we will do our best to squeeze you in, but we will first treat the patients who arrived on time.

If you are more than 10 minutes late, we may have to reschedule your appointment.

CANCELLATION POLICY

Please provide us with at least 24 hours' notice if you need to CANCEL or RESCHEDULE an appointment.

All appointments that are cancelled or changed with less than 24 hours' notice, or are missed altogether without letting our front desk know, will be charged a \$15.00 fee.

We recognize that emergencies happen and will consider emergency scheduling conflicts on a case-by-case basis.

PRIVACY POLICY

Because several people are being treated in the same room at once, it is vital that we work together to respect your privacy and the privacy of others.

Employees of QiWorks may review your file but otherwise it will be kept confidential and can only be released with your written consent or when required by law.

I agree to the above policies:

Printed Name: _____

Signature: _____ Date: _____

Signature of Parent or Guardian (if under 18): _____