

Welcome to Shining Sea Clinic

*Please take a minute to read this introduction to our clinic and community.
We are delighted that you are interested in visiting us!*

We are a health-care clinic where people receive acupuncture treatments in a harmonious setting.

Our clinic model is very much in line with the traditional approach in Asian clinics, in order to facilitate frequent visits, and a low cost per visit. We have chosen to operate our clinic in this way because it allows us to make acupuncture treatment more affordable and accessible to more people.

Our fee is based on \$50 per visit. For new patients, there is also a one-time consulting fee of \$10. Additional expenses may include prescribed herbal formulas, or home-therapy measures using moxa or magnets, and these materials are available at the clinic for a very low cost. Payment is expected at the time of your visit and we accept cash, personal check and all major credit cards, as well as Health Savings Account cards.

Your Clinic Visit

When you arrive, please check in first at the front desk, to ensure that we have your client record available, and to complete any outstanding paperwork, if necessary. After checking in, you may relax in the waiting room and make yourself comfortable. An acupuncturist will be with you shortly. In the treatment room, please remove shoes, socks, watches or bracelets, and please stow your personal belongings somewhere out of the way. Also, wearing loose-fitting clothing is useful so that you can easily roll up your pant legs and sleeves before seeing the practitioner.

We ask that you not use any perfume or other scented products on the day of your treatment, as they can trigger allergic reactions or headaches for later patient-clients. If you smoke, please do not do so right before your visit.

While at the clinic, please refrain from cell-phone use, and we ask that you please adjust your mobile device so that it will not make any sound during your treatment session. If you would like to speak to a practitioner one-on-one at any length, please let us know and we can arrange a separate visit or a phone conversation. The soothing atmosphere in our clinic exists because all our clients respect and create it together.

Most acupuncture visits last about an hour, so please come to your appointment on time. If you need to cancel or change an appointment, we ask that you do so 24 hours in advance so that we can offer your spot to someone else. If the clinic is not open, please leave a message on our voicemail. There will be a \$20 fee for missed appointments.

Commitment

Acupuncture treatment is a process. It is very rare for an acupuncturist to be able to completely resolve a problem with one treatment session. Almost every patient requires a course of treatment rather than a single visit to get the desired results. In China, Japan and Korea, the typical treatment protocol for an acute condition would be acupuncture daily for 10 days, repeated 3 times. For chronic conditions, a patient might come every other day for 3 months. In our clinic, it is common for patients to start out at 1-2 times per week for at least the first few weeks.

On your first visit, the acupuncturist will suggest a course of treatment, based on our knowledge and experience with similar conditions. If you feel you cannot come for treatment at the recommended or

other reasonable frequency, and for a long enough course of treatment, acupuncture probably won't work for you. Please be assured that we will do our very best to help you make the necessary commitment. If you have questions about how long it will take to see results, or if you think you need to adjust your treatment plan, please talk to us.

Shining Sea Clinic does not provide primary care medicine or diagnose medical conditions. Acupuncture is a wonderful complement to Western medicine, but it is not a substitute for it. If you think you have a serious problem, or if you have any concerns about what might be causing your symptoms, we will suggest that you see a primary care physician (ND, MD, or DO). If you like, we can provide referrals to a number of allied health care professionals.

Let Others Know

One big reason that we are able to keep our prices so low is because we keep our overhead low. Word of mouth is by far the best advertising. We are very grateful for the support that you, our patients, have shown us. The continued success of Shining Sea Clinic depends on you sharing your experiences in the clinic with your community. Please spread the word!

WELCOME to our community!



SHINING SEA ACUPUNCTURE CLINIC

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Health History Questionnaire and Registration

This form is strictly confidential.

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PATIENT INFORMATION

Date _____
Name _____
Address _____
City State Zip _____
Age _____ Date of birth _____
Occupation _____
Company name _____
Primary physician _____
Physician phone number _____
How did you hear about us? _____

CONTACT INFORMATION

Home phone _____
Work phone _____
Other/cell phone _____
Email _____

Another person we may contact if needed:
Name _____
Relationship _____
Home phone _____
Work/cell phone _____

HEALTH HISTORY

What are your primary concerns for coming in for treatment?

1 _____
2 _____
3 _____

How is your sleep? _____

How is your digestion? _____

List medications or food supplements you are taking.

List serious illnesses, accidents or surgeries.

Check illnesses that have occurred in blood relatives.

__ Diabetes __ High blood pressure __ Stroke
__ Cancer __ Heart disease __ Kidney disease

How long has it been since you have had a complete medical exam? _____

Check symptoms you have or have had in the past:

- Depression
- Difficulty in focusing
- Dizziness
- Easily startled
- Excessive worry
- Excessive anger
- Excessive fear
- Fatigue/tiredness
- Headaches
- Loss of sleep/poor sleep
- Loss or gain of weight
- Nervousness/irritability
- Overwhelmed by life

Check conditions you have or have had in the past:

- AIDS
- Allergies
- Anemia
- Arthritis
- Bleeding disorders
- Breast lump
- Cancer
- Diabetes

Health History...Continued

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

MUSCLE/JOINT/BONES

Tremors c Cramps

Swollen joints

Pain, weakness, numbness in:

Arms or Hips

Back Legs

Feet

Neck

Hands

Shoulders

Other _____

EYES/EAR/NOSE/THROAT/RESPIRATORY

Asthma/wheezing

Blurred or failing vision

Difficulty breathing

Earache

Enlarged glands

Eye pain

Frequent colds

Hay fever

Hoarseness

Gum trouble

Nose bleeds

Loss of hearing

Persistent cough

Ringing in ears

Sinus problems

SKIN

Boils

Bruise easily

Dry skin

Itching/rash

Sensitive skin

Sore won't heal

Sweats

GENITO/URINARY

Blood/pus in urine

Frequent urination

Inability to control urine

Kidney infection/stones

Lowered libido

CARDIOVASCULAR

Chest pain

Hardening of arteries

High or low blood pressure

Pain over heart

Poor circulation

Previous heart attack

Rapid/irregular heart beat

Swelling of ankles

GASTROINTESTINAL

Belching, gas or bloating

Colon trouble

Constipation

Diarrhea

Difficulty swallowing

Distention of abdomen

Excessive hunger

Gall bladder trouble

Hemorrhoids (piles)

Indigestion

Nausea

Pain over stomach

Poor appetite

Vomiting

FOR MEN ONLY

Erection difficulties

Penis discharge

Prostate trouble

FOR WOMEN ONLY

Bleeding between periods

Clots in menses

Excessive menstrual flow

Extreme menstrual pain

Irregular cycle

Menopausal symptoms

PMS

Previous miscarriage

Scanty menstrual flow

Could you be pregnant? _____

SIGNATURE

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

Signature _____ Date _____

CONSENT TO TREATMENT

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

I understand that acupuncture, moxibustion, far-infrared light therapy, cupping, *gua sha*, electrical stimulation and massage are all safe methods of treatment. Potential risks include temporary bruising, swelling, minor bleeding, numbness and tingling, and soreness at the needling site that may last up to a few days. Unusual risks of acupuncture include dizziness, fainting or nerve damage. Infection is possible, although the clinic uses 70% alcohol, clean-field technique, sterile disposable needles, and maintains a safe and clean environment at all times. Potential risks of moxibustion therapy are burns, blistering or scarring. Temporary bruising or redness lasting a few days is a common effect of cupping and *gua sha*. I fully understand that there is no implied or stated guarantee of success or effectiveness of any 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 become pregnant, so that my practitioner can avoid points and / or herbs that could induce miscarriage. Otherwise, Chinese- and Japanese-style traditional 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 practitioner as soon as I experience any discomfort or adverse reactions.

I understand that my acupuncturist may review my medical records and lab reports, but that all my records will be kept confidential. If it becomes necessary to share my health-history 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 am free to further discuss risks and benefits 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 or complications of treatment. I rely on the practitioner to exercise his or her judgement in my best interest during the course of treatment, based upon the facts then known.

Finally, 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 I have made. 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 procedures received, incurred or carried out at this practice.

Patient Signature

Date