



**Welcome!**

Thank you for choosing Old Pueblo Acupuncture, PLLC to be a part of your health and wellness team. We are committed to you. We look forward to meeting you and getting to know your needs.

Please fill out the accompanying forms as best as you can. The more information we can collect, the better we will be able to create a strategy for your course of treatment.

If you have any questions, don't hesitate to ask.

You can reach us at: **(520) 722-9101**

Or, you can e-mail us at: [info@oldpuebloacupuncture.com](mailto:info@oldpuebloacupuncture.com)

If it is after hours or we are busy with another patient, please go to our website:

[www.oldpuebloacupuncture.com](http://www.oldpuebloacupuncture.com)

There you will find information about our clinic and us. Don't forget to look in the Frequently Asked Questions (FAQ) section; the answer you need may be there.

If you haven't subscribed to our Newsletter or downloaded our book, [Taking the Mystery Out of Acupuncture: A Practical Guide to the Basics of Chinese Medicine and How It Can Help You Achieve Optimal Health](#), please go to our website, sign-up and receive your free download.

Again, thank you. We look forward to working with you,

The staff,

Sena Kimbrell L.Ac.

Matthew Woolsey L.Ac.

New Patient Health History Questionnaire

Date\_\_\_\_\_

Personal Info:

Name\_\_\_\_\_ Gender\_\_\_\_\_

Date of Birth\_\_\_\_\_ Age\_\_\_\_\_ SS#\_\_\_\_\_

Home Address\_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ Cell Phone\_\_\_\_\_

Email address\_\_\_\_\_

Emergency Contact\_\_\_\_\_ Relationship\_\_\_\_\_

Emergency Contact Phone\_\_\_\_\_

Primary Care Physician\_\_\_\_\_ Phone\_\_\_\_\_

How did you hear about Old Pueblo Acupuncture?\_\_\_\_\_

Personal Health History:

What is your primary concern for your visit today?\_\_\_\_\_

\_\_\_\_\_

Do you have any secondary concerns or long standing conditions?\_\_\_\_\_

\_\_\_\_\_

Please list all medications and supplements (and quantity) that you currently take:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Please list any significant surgeries, accidents/traumas, and/or hospitalizations:

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Old Pueblo Acupuncture PLLC

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Do you smoke cigarettes? How much? \_\_\_\_\_

Do you drink alcohol? How much? \_\_\_\_\_

Do you drink caffeine? How much? \_\_\_\_\_

Do you have any blood born pathogens? (i.e. HIV/AIDS, Hepatitis, etc.) \_\_\_\_\_

What is your average daily level of stress: low, medium, high? To what do you attribute it? \_\_\_\_\_

Do you have any stress management strategies? What are they? \_\_\_\_\_

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Family Medical History:

High blood pressure \_\_\_\_\_ Cancer \_\_\_\_\_ Diabetes \_\_\_\_\_

Thyroid disease \_\_\_\_\_ Heart disease \_\_\_\_\_ Hepatitis \_\_\_\_\_

Alcoholism \_\_\_\_\_ Drug abuse \_\_\_\_\_ Obesity \_\_\_\_\_

Asthma \_\_\_\_\_ Neurological Disease \_\_\_\_\_ Other \_\_\_\_\_

Other:

Please use the space below for any other information you deem relevant to your visit today? \_\_\_\_\_

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Old Pueblo Acupuncture PLLC Protects Your Health Information and Privacy

This notice describes our clinic’s policy for how medical information about you may be used and disclosed, how you can get access to this information, and how your privacy is being protected.

In order to maintain the level of service that you expect from our office, we may need to share limited personal medical and financial information with your insurance company, or with other medical practitioners that you authorize.

***Safeguards in place at our office include:***

- Limited access to facilities where information is stored.
- Policies and procedures for handling information.
- Requirements for third parties to contractually comply with privacy laws.
- All medical files and records (including email, regular mail, telephone, and faxes sent) are kept on permanent file.

***Types of information that we gather and use:***

In administering your health care, we gather and maintain information that may include non-public personal information:

- About your financial transactions with us (billing transactions).
- From your medical history, treatment notes, all test results, and any letters, faxes, emails or telephone conversations to or from other health care practitioners.
- From health care providers, insurance companies, workman’s comp and your employer, and other third party administrators (*e.g.* requests for medical records, claim payment information).

In certain states, you may be able to access and correct personal information we have collected about you, (information that can identify you - *e.g.* your name, address, Social Security number, etc.).

You may revoke your consent of your Protected Health Information at any time. This must be done in writing. All use of your PHI before this revocation is not affected.

We value our relationship, and respect your right to privacy. If you have questions about our privacy guidelines, please call us during regular business hours at (520) 722-9101.

I have read and understand the policy statement as outlined above. My signature below gives Old Pueblo Acupuncture PLLC permission to use and disclose my health information in a matter consistent with my treatment at this clinic.

Patient Signature\_\_\_\_\_

Date\_\_\_\_\_

Patient Printed Name\_\_\_\_\_

## Consent to Treatment Form

By signing below, I do hereby voluntarily consent to be treated with acupuncture and/or substances from the Oriental Materia Medica by a licensed acupuncturist at Old Pueblo Acupuncture. I understand that acupuncturists practicing in the state of Arizona are not primary care providers nor a substitute for them, and that regular primary care by a licensed physician is an important choice that is strongly recommended by this clinic's practitioners.

**Acupuncture:** I understand that acupuncture is performed by the insertion of needles through the skin or by the application of heat to the skin (or both) at certain points on or near the surface of the body in an attempt to treat bodily dysfunction or diseases, to modify or prevent pain perception, and to normalize the body's physiological functions. I am aware that certain adverse side effects may result. These could include, but are not limited to: local bruising, minor bleeding, fainting, pain or discomfort, and the possible aggravation of symptoms existing prior to acupuncture treatment. I understand that no guarantees concerning its use and effects are given to me and that I am free to stop acupuncture treatment at any time.

**Chinese Herbs:** I understand that substances from the Oriental Materia Medica may be recommended to me to treat bodily dysfunction or diseases, to modify or prevent pain perception, and to normalize the body's physiological functions. I understand that I am not required to take these substances but MUST follow the directions for administration and dosage if I do decide to take them. I am aware that certain adverse side effect may result from taking these substances. These could include, but are not limited to: changes in bowel movement, abdominal pain or discomfort, and the possible aggravation of symptoms existing prior to herbal treatment. *Should I experience any problems, which I associate with these substances, I should suspend taking them and call Old Pueblo Acupuncture as soon as possible for further guidance.*

**Acupressure/Tui-Na Massage:** I understand that I may also be given acupressure/tui-na massage as part of my treatment to modify or prevent pain perception and to normalize the body's physiological functions. I am aware that certain adverse side effects may result from this treatment. These could include, but are not limited to: bruising, sore muscles or aches, and the possible aggravation of symptoms existing prior to treatment. I understand that I may stop the treatment if it is too uncomfortable.

I understand that there may be other treatment alternatives, including treatment offered by a licensed physician.

I have carefully read and understand all of the above information and am fully aware of what I am signing. I understand that I may ask my practitioner for a more detailed explanation. I give my permission and consent to treatment.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Liability Waiver Form**

I, the undersigned (or legally appointed representative thereof), in accordance with the terms and conditions of my fully executed Old Pueblo Acupuncture PLLC, an Arizona professional limited liability company (the "Company") Consent to Treatment Form, hereby waive my rights to legal action for any apparent worsening of any and all conditions and/or any symptoms related thereto that may occur during or after acupuncture treatment by any authorized member of the Company. By signing this form, I understand that the Company and/or any of its authorized members or representatives are not, and cannot be, held liable for any deterioration of pre-existing conditions and/or symptoms related thereto, and further, that the Company and/or any authorized member of the Company shall not be held responsible for monetary compensation, loss or damages resulting from further hospitalization and/or subsequent care due to deterioration of any and all conditions and/or symptoms related thereto.

Date: \_\_\_\_\_

\_\_\_\_\_

Printed Name (Patient)

\_\_\_\_\_

Signed Name (Patient)

\_\_\_\_\_

Printed Name of Representative

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Signed Name of Representative