



OLD PUEBLO ACUPUNCTURE

HEALTH & WELLNESS | DIGESTIVE HEALTH | PAIN RELIEF

Welcome!

Thank you for choosing Old Pueblo Acupuncture 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. You can include a separate list for medications or supplements if you have them written up already. Also, reports of bloodwork, x-rays, and MRI's all are very helpful to us as well.

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

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

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

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.

Our recommendations for your visit to our clinic:

- Please wear loose, comfortable clothing that can easily be pulled above the knees and elbows.
- Don't arrive with an empty or an overly full stomach.
- Please don't wear any strong perfume/cologne or lotions.

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

The staff,

Sena Kimbrell L.Ac.

Shinai Lilly L.Ac.

Johnnie Hunter

New Patient Health History Questionnaire

Date_____

Personal Info:

Name_____ Gender_____

Date of Birth_____ Age_____

Home Address_____ Home Phone _____

_____ Cell Phone_____

Email address_____

Emergency Contact_____ Relationship_____

Emergency Contact 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:

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

Old Pueblo Acupuncture PLLC

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.) _____

Please list any allergies to food or medication, 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? _____

Family Medical History: (please indicate relationship)

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? _____

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_____