CNY
COMMUNITY
ACUPUNCTURE

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 CNYCA clinic?

- **We treat in a community setting -**

Most U.S. 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, clustered in groups in a large, 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; and a collective energetic field becomes established which actually makes individual treatments more powerful. In some styles of acupuncture, the needles are removed after only a few minutes or after a half hour at most. The style of acupuncture we practice at CNYCA allows patients to keep their needles for as long as an hour, the amount of time varies from patient to patient. Most people learn after a few treatments when they feel "done"; this can take from twenty minutes to a full hour. Many people fall asleep, and wake feeling refreshed.

- **We have a sliding scale -**

Most U.S. acupuncturists also see only one patient per hour and charge $60 to $150 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 CNYCA can make acupuncture affordable and still make a living ourselves is to streamline our treatments and see multiple patients in an hour, so we have returned to the traditional approach; instead of asking you lots of questions, we rely on assessing your energy in various ways to decide how to treat you. This is how acupuncture is traditionally practiced in Asia - many people and little talking.

Please see the enclosed form that explains our sliding scale. Because we have a sliding scale, we cannot do insurance billing (that's the insurance companies' rule). If you have insurance that covers acupuncture, we'll be happy to give you a payment receipt, and you can submit it; that's OK with the insurance companies.

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 Big Pharmaceuticals for costly, high-tech interventions. We will provide a safe environment with skilled practitioners.

What We Need From You

♦ Responsibility

CNYCA does not provide primary care medicine. Acupuncture is a wonderful complement to Western medicine, but it is not a substitute for it. It is always advised that you seek the care of your primary care physician for whatever ailment you are using acupuncture. Acupuncture can treat and assist you with many things but, in the end, you must always take responsibility for your own health and be your own health care advocate.

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

♦ Flexibility

The community setting requires some flexibility from you. For instance, many patients have a favorite recliner. When we are busy, someone may be sitting in yours. And, you may want to bring favorite pillow or blanket from home with you, in case you prefer yours to ours. Some patients like listen to their own music or guided meditations during their treatments and bring an iPod or MP3 player with headphones. That's all fine with us. Basically, we need you to participate in making yourself comfortable in the community room before we arrive to treat you.

In terms of how long you want to stay – if you need to leave at a certain time, please tell us and we will make it happen. If you do not have anything limiting your time with us, just relax until you feel ready and then signal your acupuncturist to come and "unpin" you.

♦ 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 that no one talk very much in the clinic space. 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.

Unfortunately, we can't explain what every point does, or how acupuncture works, while we are treating you -- these are very large topics! If you have questions, we'll happily guide you to places you can get more information.

Part of our success is that our patients learn the "routine" and take on a lot of responsibility for the appointments. Re-scheduling and making payment happens at the front desk BEFORE each treatment, so you can relax and enjoy your treatment. Please take all personal belongings, (bags, shoes, etc.) with you back into the treatment room. And of course, **please turn off your cell phone**.

♦ **Commitment**

Acupuncture is a PROCESS. It is very rare for any acupuncturist to be able to resolve a problem with 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 don't have to advertise. 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 that may have lasted several weeks to several months.

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, or if you think you need to adjust your treatment plan, please let us know. We need you to commit to the process of treatment in order to get good results.

And, last, but not least….enjoy taking time for yourself and your own healing and wellness. We hope that CNY Community Acupuncture can be an important part of your community.

Thank you!

CNY Community Acupuncture Staff

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Our Financial Commitment to You

CNY Community Acupuncture provides high quality acupuncture treatments at affordable rates in a supportive community setting. Research has shown that acupuncture is most effective when it is done frequently and regularly – once a week is usually the minimum required to make progress with any kind of health problem. We may recommend treatments two or three times a week, in the beginning, in some severe cases. We want you to be able to afford to get well and stay well. Your practitioner will work with you to establish a treatment plan to help you achieve your goals while working within your budget.

Community Fee Structure

Acupuncture appointments are on a sliding scale of
$20-$40 per treatment.
You decide what you can afford.

There is a one-time $10 paperwork processing fee for your first appointment
So, if you are a new patient, your first appointment will cost
$30-$50

The purpose of the sliding scale is to separate the issues of money and treatment; we want you to come in often enough to really get better and stay better! We understand that everyone's situation is different, and our primary goal is to make acupuncture available to you as often as you need it.

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How often should I come in for treatments?

The following table is merely a set of guidelines to offer you an idea of how often you may need to come in for treatments depending on what we are working on and your goals. It's best to remember that everyone's situation is different. Some may require more treatments and some may require less. Your practitioner will help you determine what is best for you.

Being treated for:	Example of condition:	Treatment frequency:	For how long:
Very severe discomfort	Acute back sprain, daily migraines	Daily until change in condition	For several days
Serious discomfort	Sprained ankle, acute digestive distress	Every other day until change in condition	A week or two
Moderate discomfort	Knee pain while running, poor sleep	Twice weekly until change in condition	Over several weeks
Working on a health milestone	Trying to get pregnant, overcoming allergies	Twice weekly until change in condition	Over several weeks
Ongoing episodic condition	Occasional insomnia; PMS	Weekly + as-needed for acute episodes	Over a few months
Support for chronic issues	Stress, work-related issues, chronic illness	Weekly	Ongoing/as needed
General health	Life!	Weekly or bi-monthly	Ongoing/as needed

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Registration Information and Health Intake Form

Traditional Chinese Medicine is based on the principal of balancing an individual's body, mind, emotions and spirit. The following confidential questionnaire is a detailed and invaluable source of information about you. It provides the practitioner with a complete sense of you as a unique individual as opposed to a collection of symptoms.

At CNYCA we appreciate the diversity of human beings and do not discriminate based on race, age, religion, ability, marital status, sexual orientation, sex, or gender identity, height, weight, nationality, language, level of education, level of income or HIV status. Our goal is to make this a safe, peaceful and healing place for all members of our community.

Patient Information

Name: _____

Address:_____

_____

Home#: _____ Cell#: _____Work#: _____

e-mail: _____

Preferred Contact Method: _____ email _____ home phone _____ cell phone

Date of Birth: _____ Sex: _____ Relationship Status: _____

Occupation: _____ Employer: _____

Referred by/How did you hear about us?: _____

Emergency Contact

Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Healthcare Information:

What do you wish to address with acupuncture? _____

_____

Date of Last Physical: _____ Last Blood Work: _____

List all Healthcare Practitioners whose care you are under: _____

_____

Medications/Drugs (Prescription and over the counter):

Name	Dosage	How Long?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Supplements:

Name	Dosage	How Long?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Hospitalizations/Surgeries/Accidents (give date and reason):

_____

_____

Family Information:
Spouse/Partner name:_____ Child name/age:_____

Child name/age: _____ Child name/age: _____

Family History	Allergies
Has anyone in your family suffered from any of the following? Disease — Relation □ Diabetes _____ □ High Blood Pressure _____ □ Stroke _____ □ Cancer (type) _____ _____ □ Heart Disease _____ □ Kidney Disease _____ □ Mental Illness _____	Medications: _____ Environmental (type, onset, what makes them better or worse): _____ _____ _____ _____ Foods (include age at onset): _____ _____ _____

Health History

Height: _____ Weight (now): _____ (1 year ago): _____ (max): _____

List types of exercises you do, including frequency and duration:

_____

_____

Do you follow any special diet? ___ Veg ___ Vegan ___ GF ___ LF ___ Kosher Other _____

List a typical day of meals:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks (what and when): _____

Food Cravings (what types of food do you crave and at what time of day?):

_____

Smoking	___ Y ___ N	How much in a day?			
Alcohol	___ Y ___ N	How much in a week?		Type?	
Coffee/Tea	___ Y ___ N	How much in a day?		Decaf or Reg?	

Major Sources of Stress:	1)
2)	3)

Energy Level:	**Sleep:**
Describe your energy level: _____ Do you have energy lows? What time? _____ Do you have energy highs? What time? _____ Do you experience low energy after meals? _____	Describe your sleep (# of hours/quality): _____ Check all of the following that apply to you: □ Insomnia □ Difficulty falling asleep □ Frequent waking □ Restlessness □ Vivid dreams □ Night sweats □ Too hot/cold □ Other _____

Digestion:		**Urination:**	
Daily bowel movement?	____ Y ____ N	Frequency?	____ Y ____ N
Loose Stools?	____ Y ____ N	Urgency?	____ Y ____ N
Constipation?	____ Y ____ N	Incontinence?	____ Y ____ N

Emotions:	
Would you say your emotions are most often: □ Even/balanced □ Erratic □ Other _____	Do you often feel: □ Angry □ Sad □ Frustrated □ Resentful □ Stressed □ Overwhelmed □ Worried □ Fearful □ Hopeless □ Anxiety □ Panic □ Depressed □ Irritable □ Weepy

Please check any of the following conditions that you have or have had in the past year:

□ Depression/Anxiety	□ Skin Disorders	□ Cancer	□ Diabetes
□ Heart Disease	□ High/Low BP	□ Hepatitis	□ Anemia
□ Seizures	□ Tuberculosis	□ STDs	□ Auto-Immune Dis.
□ Heart Attack	□ Paralysis	□ HIV/AIDS	□ High/Low thyroid
□ Arthritis	□ High Cholesterol	□ Stroke	□ Bleeding Disorder

Health History Continued…

Muscles/Joints/Bones:

- □ Tremors
- □ Cramping

Pain, weakness, numbness in:

- □ Arms or hands
- □ Back of legs
- □ Feet
- □ Neck
- □ Hips
- □ Shoulders
- □ Other _____

Eyes/Ears/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
- □ Other _____

Skin

- □ Boils
- □ Bruise easily
- □ Dry skin
- □ Itching/rash
- □ Sensitive skin
- □ Sores that won't heal
- □ Sweating
- □ Other _____

Genito/Urinary

- □ Blood/pus in urine
- □ Discharge of pus or blood from penis
- □ Erection difficulties
- □ Frequent urination
- □ Inability to control urine
- □ Kidney infection/stones
- □ Low sperm count/motility
- □ Lowered libido
- □ Prostate issues
- □ Other _____

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
- □ Other _____

Gastrointestinal

- □ Belching, gas or bloating
- □ Colon trouble
- □ Constipation
- □ Diarrhea
- □ Difficulty swallowing
- □ Distention of abdomen
- □ Excessive hunger
- □ Gall bladder issues
- □ Hemorrhoids
- □ Indigestion
- □ Nausea
- □ Pain over stomach
- □ Poor appetite
- □ Vomiting
- □ Other _____

Please fill in the following, if applicable:	
Are you or could you be pregnant?	Are you trying to become pregnant?
# of pregnancies:	# of births:
Date of last period:	Days in cycle:
# of days period lasts:	Are you on birth control?
Heavy, moderate or light flow?	Dark, bright or pale blood?
Are there clots?	PMS symptoms?
Are you undergoing fertility treatments? (If yes, are you in cycle and who is your RE) _____ _____	Have you ever been diagnosed with: □ PCOS □ Endometriosis □ Blocked fallopian tube □ Tilted uterus □ Other _____
Age of first period:	Age at menopause:
Have you had a: □ Hysterectomy, date: _____ □ Mastectomy, date: _____ □ Other _____	Symptoms associated with menopause: _____ _____
If you are or have been undergoing fertility therapies, please write a brief history below or attach a brief history to this packet: _____ _____ _____ _____ _____ _____	

By signing below, I certify that the information provided on this form is true and accurate to the best of my knowledge.
Signature: _____ Date: _____

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Advisory and Informed Consent to Treatment

i. Patient Advisory to Consult a Physician

In keeping with Article 160, Section 821 1.1 (b) of NYS Education law, we it is asked that you sign below in order to affirm that you understand the need to consult with your physician regarding the condition for which you are seeking acupuncture treatment. Acupuncture and Traditional Chinese Medicine play an important role as healthcare systems in modern integrative medicine. For integrative medicine to best serve your wellness needs, it is highly recommended that you make use of all tools that are available to you including those available through your biomedical physician.

WE, THE UNDERSIGNED, DO AFFIRM THAT _____ (patient), HAS BEEN ADVISED BY _____ (Licensed Acupuncturist), TO CONSULT A PHYSICIAN REGARDING THE CONDITION/S FOR WHICH SUCH PATIENT SEEKS ACUPUNCTURE TREATMENT.

PATIENT SIGNATURE: _____ DATE: _____

ii. Informed Consent to Acupuncture Treatment

By signing below, I do voluntarily consent to acupuncture treatments with practitioners at CNY Community Acupuncture. I understand that the methods of treatment include but are not limited to acupuncture, moxibustion, cupping, electrical stimulation, and bodywork therapies. I have been informed of the possible risks and side effects of the aformentioned treatment modalities. I understand that bruising at needling sites is the most common side-effect of acupuncture treatment. I also understand that tingling or itchiness may occur around needling sites. I agree to inform my practitioner if I feel faint or dizzy during or after treatment. I also understand that, rarely, some serious side-effects of acupuncture treatment may be organ puncture, nerve damage, or spontaneous miscarriage. I agree to inform my practitioner if I am or may be pregnant. Because acupuncture uses techniques that penetrate the skin, I am aware of the risk of infection, but have also been made aware that this facility uses only single-use, surgically sterilized, disposable acupuncture needles, and that the facility is committed to maintaining a safe and clean environment. I understand that burns and/or scars are possible with moxibustion and that bruises lasting upwards of one week are probable with cupping. I am aware that this list of possible effects is not all-inclusive and I agree to inform my practitioner immediately if I have any adverse reactions to treatment. I am aware that it is not possible for my practitioner to anticipate or explain all of the possible side effects of treatment.

My signature below affirms that I understand the content of this consent to treatment and I intend this consent to treatment to be valid for the entire course of treatment for my present condition and any future conditions for which I might seek treatment.

To be completed by patient (or patient's representative if the patient is a minor or is physically or legally incapacitated).

Patient or Guardian Signature: _____ Date: _____

Printed Name of Patient: _____ Printed Name of Guardian: _____

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No Show and Cancellation Policy and Financial Agreement

CNY Community Acupuncture makes every attempt to make complimentary health care, as acupuncture and Chinese medicine, available to as many people as possible, at the most affordable rates. We have several policies in place that allow us to keep our costs lower so that we may keep our rates lower.

Please read the following list of policies and initial next to each to show that you have read, understood and agree to each statement. If you have questions, do not agree or need clarification, please call us.

- _____ We require 24 hours notice, in advance of an appointment, to cancel or reschedule that appointment.
- _____ All appointments that are missed without a call are deemed a "No Show/No Call" and will incur a $10 fee, payable at your next appointment.
- _____ We understand that same day cancellations are sometimes unavoidable, however, on and after the second same-day cancellation there will be a $10 fee charged for a cancellation/reschedule with less than 24 hours notice. The fee will be payable at your next appointment.
- _____ If you arrive late for your scheduled appointment, please be aware that you may be asked to reschedule or wait for the next available appointment that day. Because appointment slots, in most cases, are only 10 minutes, if you are even five minutes late we may not be able to honor your appointment time if it poses an inconvenience to others. It is best to always plan on arriving 10 minutes early to your appointment so that you have time to check in, pay and gather your items to get comfortable in your chair.
- _____ If you are unable to pay for a service at the time of the service, a $10 fee will be charged, payable at your next appointment.
- _____ We accept only cash and checks for payment. If a check is returned to us for any reason, you will be charged the fee charged us by the bank (usually around $35), payable at your next appointment.
- _____ We do not (and cannot – due to insurance company rules) bill insurance. But, we will give you a superbill at the time of payment which has all of the information you need to submit to your insurance company or FSA on your own for reimbursement.

By signing below, I acknowledge that I have read, understand and agree to all of the above statements.

Signature: _____ Date: _____

Printed Name: _____

Signature of guardian if patient is under 18: _____