



## NEW PATIENT COSMETIC ACUPUNCTURE INTAKE FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary #: \_\_\_\_\_

Email Address: \_\_\_\_\_



Have you ever received Acupuncture before? Yes / No

List any medications/supplements you are currently taking: \_\_\_\_\_

List any known allergies: \_\_\_\_\_



What are your main skin concerns and/or goals? \_\_\_\_\_

Describe your current skin care routine? \_\_\_\_\_

Do you wear makeup daily? Yes / No

Do you wear sunscreen daily? Yes / No

Do you get any facial waxing or laser hair removal? Yes / No

How many ounces of water do you drink in a day?  0- 1  2-4  4-6  6-8  8+

How much caffeine do you consume daily?  None  1-2  2-4  5+

How much alcohol do you consume in a week?  None  1-2  2-4  5+

How many hours of sleep do you get per day?  1-3  4-6  6-8  8-9  9+

How would you rate your energy levels? (Poor) 1 2 3 4 5 6 7 8 9 10 (High)

COSMETIC (Check all that apply):

- Accutane within 6 months
- Scars less than 6 months old
- Botox/facial fillers in the past 2-4 weeks.
- Dermal filler (Restylane, Juvederm, Radiesse etc)
- Cosmetic Surgery
- Recent Microdermabrasion
- Recent laser treatments
- Chemical peels

SKIN (Check all that apply):

- Rosacea
- Immune suppression
- Scleroderma
- Collagen vascular disease
- Dermatological diseases affecting the face
- Facial cancer (past and present)
- Any skin diseases (poison ivy, eczema, hives)
- Active bacterial infections
- Fungal infections
- Allergic reactions

CARDIOVASCULAR (Check all that apply):

- Cardiac abnormalities
- Blood clotting problems
- Platelet abnormalities
- Anticoagulation therapy (i.e.: Warfarin)
- Bleeding disorders

CURRENT CONDITIONS (Check all that apply):

- Cold or flu
- Severe migraine headaches
- Extreme stress or tension
- High blood pressure
- Pregnant and/or nursing
- Cancer
- Chemotherapy
- Steroid therapy
- Diabetes mellitus
- Hemophilia
- Hepatitis
- Herpes outbreak
- Parkinson's disease
- Problems with bleeding or bruising
- Vertigo
- HIV/AIDS



MUSCULOSKELETAL - Pain / Weak / Numb (check all that apply):

- Joints
- Arms/Hands
- Hips
- Legs/Feet
- Neck
- Shoulders
- Midback
- Lower back
- Pain all over
- Muscle spasms/cramps
- Joint stiffness
- Broken bones
- None of the Above

GENERAL HEALTH (Check all that apply):

- Feel too hot
- Feel too cold
- Chills/fever
- Cold hands/feet
- Sweaty palms/feet
- Hot flashes/Night sweats
- Spontaneous sweating
- Lack of sweating
- Excessive thirst
- Lack of thirst
- Low energy/Fatigue
- Weight loss/gain
- None of the above

NOSE, THROAT, MOUTH (check all that apply):

- Sinus problems
- Nasal Obstruction
- Runny nose
- Sneezing
- Nosebleeds
- Loss of smell
- Mouth ulcers
- Bad breath
- Bleeding gums
- Dry mouth
- Recurrent sore throat
- Hoarseness
- Difficulty swallowing
- None of the Above

SKIN and NAILS (check all that apply):

- Rashes
- Itching
- Color change of skin
- Bruise easily
- Slow wound healing
- Acne
- Boils
- Hives
- Hair loss
- Weak/brittle nails
- None of the Above

CARDIOVASCULAR (check all that apply):

- Irregular Heartbeat
- Bradycardia
- Tachycardia
- A-Fib
- Palpitations
- Shortness of Breath
- Chest Tightness
- Chest Pain
- High Blood Pressure
- Low Blood Pressure
- High Cholesterol
- Poor Circulation
- Fainting Spells
- Blood Clots

- Swelling of ankles
- Varicose Veins
- Bleeding disorders
- None of the Above

RESPIRATORY SYSTEM (check all that apply):

- COVID-19 recovery
- Cough
- Phlegm
- Wheezing
- Shortness of Breath
- Coughing up blood
- Frequent colds/flu
- Recurrent sinus infections
- None of the Above

DIGESTIVE (check all that apply):

- Nausea
- Vomiting
- Low appetite
- Excessive hunger
- Fatigue after meals
- Indigestion
- Gas
- Bloating
- Stomach ulcers
- Acid reflux/heartburn
- Diarrhea/Loose Stool
- Constipation
- Abdominal pain
- Hemorrhoids
- Jaundice
- Gallstones
- Bloody stools
- Eating disorder
- Less than 1BM/day
- None of the Above

URINARY TRACT (check all that apply):

- Frequent urination
- Frequent night urination
- Dribbling
- Poor bladder control
- Burning/painful urination

- Pale urine
- Dark/Cloudy urine
- Blood in urine
- Scanty urine
- Profuse urine
- Interrupted flow
- Frequent UTI
- Kidney/bladder stones
- None of the Above

PSYCHO-EMOTIONAL (check all that apply):

- Difficulty falling/staying asleep
- Vivid/disturbing dreams
- Anxiety
- Depression
- Mood Swings
- Irritability
- Anger
- Poor memory
- Difficulty concentrating
- Restless
- Frequent worry
- Feel sad often
- Cry uncontrollably
- Fearful often
- PTSD
- None of the Above

LIFESTYLE (check all that apply):

- Eat lots of meat
- Eat lots of processed food
- Eat/Crave lots of sweets
- Drink coffee
- Tobacco use
- Drink Alcohol
- Use drugs
- None of the Above

Please check any CURRENT or PAST conditions you have experienced:

- Addictions
- Alcoholism
- Allergies
- Anemia
- Anorexia

- Appendicitis
- Arteriosclerosis
- Asthma
- Autoimmune disorder
- Breast lumps
- Bulimia
- Bursitis
- Candida
- Chronic bronchitis
- Chronic fatigue syndrome
- Colitis/IBS
- Crohn's
- COPD
- Emphysema
- Epilepsy
- Fibromyalgia
- Gallstones
- Glaucoma
- Goiter
- Gout
- Heart disease
- High cholesterol
- Hypertension/Hypotension
- Hysterectomy
- Jaundice
- Kidney disease
- Liver disease
- Measles
- Mono
- Multiple sclerosis
- Neuralgia
- Neuropathy
- Pneumonia
- Polio/meningitis
- Prostate problems
- Rheumatism/arthritis
- Shingles
- Small Pox
- Stroke
- Suicidal thoughts
- Syphilis
- Tuberculosis
- Venereal disease
- None of the Above

## WOMEN'S HEALTH HISTORY

### MENSTRUATION

Age when menses began: \_\_\_\_\_

Menstruation lasts \_\_\_\_\_ days

I have a:

Regular cycle of \_\_\_\_\_ days

Irregular cycle of \_\_\_\_\_ to \_\_\_\_\_ days

During your period, do you experience any:

- Dysmenorrhea (Cramps)
- Fatigue
- Breast tenderness
- Sleep Disturbance
- Other: \_\_\_\_\_

During your period, the flow is:

Light/spotting on days \_\_\_\_\_

Medium on days \_\_\_\_\_

Heavy on days \_\_\_\_\_

What color is the blood?

Light Red on days \_\_\_\_\_

Bright Red on days \_\_\_\_\_

Dark Red on days \_\_\_\_\_

Brown on days \_\_\_\_\_

### REPRODUCTIVE HISTORY

Are you currently using birth control? Y / N

Have you recently stopped or started birth control? Y / N

If so, when? \_\_\_\_\_

Are you trying to conceive? Y / N

Have you given birth in the last year? Y / N

Are you currently lactating? Y / N

Have you had any:

- High-risk pregnancies
- Difficult labor/deliveries
- Postpartum depression/concerns

### MENOPAUSE

Are you perimenopausal? Y / N

Do you currently experience any:

- Night sweats/Cold flashes
- Hot flashes (daytime)
- Sleep Disturbance
- Spotting
- Other: \_\_\_\_\_

Are you postmenopausal? Y / N

What year was your last period? \_\_\_\_\_

Thank you for choosing Calla Lily Day Spa!

**INFORMED CONSENT FOR FACIAL ACUPUNCTURE**  
(Acupuncture Facial)

**INSTRUCTIONS** - This is an informed consent document that has been prepared to help your acupuncturist inform you concerning facial acupuncture treatments, the risks involved, and possible alternatives. Please be advised that this is not a surgical procedure. It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for facial acupuncture treatments, as proposed by your acupuncturist.

**INTRODUCTION** - An acupuncture facial treatment involves the insertion of acupuncture needles into fine lines and wrinkles on the face and neck in order to reduce the visible signs of aging. In Oriental medicine, the meridians or pathways of *Qi* (energy) flow throughout the entire body from the soles of the feet up to the face and head; consequently, a facial acupuncture treatment addresses the entire body constitutionally, and is not merely "cosmetic." An acupuncture facial involves the patient in an organic, gradual process, that is customized for each individual. It is no way analogous to, or a substitute for, a surgical "face lift". A treatment session may confine itself solely to facial acupuncture, or it may be used in conjunction with other procedures.

**BENEFITS** - Facial acupuncture can increase facial tone, decrease puffiness around the eyes, as well as bring more firmness to sagging skin, enhance the radiance of the complexion, and flesh out sunken areas. Customarily, fine wrinkles will disappear, and deeper ones be reduced. As this treatment is not merely confined to the face, but incorporates the entire body and constitutional issues of health.

Contraindications for Treatment:

- High blood pressure
- Problems with bleeding or bruising
- Severe Migraine headaches
- Parkinson's disease
- Recent Microdermabrasion
- Diabetes mellitus
- Cancer
- AIDS
- Recent laser treatments
- Hepatitis
- Vertigo
- Hemophilia
- Botox treatments
- Dermal filler (Restylane, Juvederm, Radiesse etc)
- Any skin diseases (poison ivy, eczema, hives)
- Pregnancy
- Cold or flu
- Herpes outbreak
- Allergic reactions
- Extreme stress or tension

**ALTERNATIVE TREATMENT** - Improvement of sagging skin, wrinkles and fatty deposits may be attempted by other treatments or surgery such as a surgical facelift, chemical face peels, or liposuction. Risk and potential complications are associated with these alternative forms of treatment.

**RISKS OF AN ACUPUNCTURE FACIAL** - Every procedure involves a certain amount of risk and it is important that you understand the risks involved with an acupuncture facial. An individual's choice to undergo an acupuncture facial is based upon the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them with your acupuncturist to make sure you understand the risks, potential complications, and consequences of an acupuncture facial.

- **BLEEDING** - It is possible, though very unusual, that you may have problems with bleeding during an acupuncture facial. Should post-acupuncture bleeding occur, it will usually only consist of a few drops. Accumulations of blood under the skin may cause a bruise, or *hematoma*, which will resolve itself.
- **INFECTION** - Infection is very unusual after an acupuncture facial. Should an infection occur, additional treatment, including antibiotics, may be necessary.
- **DAMAGE TO DEEPER STRUCTURES** - Deeper structures such as blood vessels and muscles are rarely damaged during the course of a facial acupuncture treatment. If this does occur, the injury may be temporary or permanent.

- **ASYMMETRY** - The human face is normally asymmetrical. Thus, there can be a variation from one side to the other in the results attained from a facial acupuncture treatment.
- **BRUISING AND PUFFINESS** - There is a possibility of bruising (hematomas), puffiness, blood, tingling, itching, warmth, pain or other symptoms at the site of the needle.
- **NERVE INJURY** - Injuries to the motor or sensory nerves rarely result from facial acupuncture treatments. Nerve injuries may cause temporary or permanent loss of facial movements and feeling. Such injuries may improve over time. Injury to sensory nerves of the face, neck and ear regions may cause temporary or more rarely permanent numbness. Painful nerve scarring is very rare.
- **NEEDLE SHOCK** - Needle shock is a rare complication after an acupuncture facial.
- **UNSATISFACTORY RESULT** - There is the possibility of a poor result from an acupuncture facial. You may be disappointed with the results.
- **ALLERGIC REACTIONS** - In rare cases, local allergies to topical preparations have been reported. Systemic reactions which are more serious may occur to herbs used during an acupuncture facial. Allergic reactions may require additional treatment.
- **DELAYED HEALING** - Delayed wound healing or wound disruption are a rare complication experienced by patients in the aftermath of an acupuncture facial. There is a greater risk for smokers, who frequently have dry, sagging skin, which does not heal as readily as that of non-smokers.
- **LONG TERM EFFECTS** - Subsequent alterations in facial appearance may occur as the result of the normal process of aging, weight loss or gain, sun exposure, or other circumstances not related to an acupuncture facial. An acupuncture facial does not arrest the aging process or produce permanent tightening of the face and neck. Future facial acupuncture maintenance treatments, or other treatments, may be necessary to maintain the results of an acupuncture facial.

**MICRONEEDLING**- Microneedling is the insertion of very fine needles into the skin for the purpose of rejuvenating the skin.

**Contraindications:**

- Accutane within 6 months
- scleroderma
- collagen vascular disease
- cardiac abnormalities
- rosacea
- blood clotting problems
- platelet abnormalities
- anticoagulation therapy (i.e.: Warfarin)
- facial cancer (past and present)
- chemotherapy
- steroid therapy
- dermatological diseases affecting the face
- diabetes and other chronic conditions
- active bacterial infections
- fungal infections
- immune suppression
- scars less than 6 months old
- Botox/facial fillers in the past 2-4 weeks.
- Treatment is not recommended for patients who are pregnant or nursing.

**Precautions:** keloid or raised scarring, eczema, psoriasis, actinic keratosis, and herpes simplex.

**Side Effects Typically Include:**

- Skin may be pink or red and feel warm like mild sunburn, or tight and itchy. All of which typically subsides within 12-48 hrs.
- Minor flaking or dryness of the skin, with scab formation in rare cases.
- Crusting, discomfort, bruising and swelling may occur.
- Pinpoint bleeding.
- It is possible to have a cold sore flare if you have a history of outbreaks.
- Freckles may lighten temporarily or permanently disappear in treated areas.
- Infection is rare but if you see any signs of tender redness or pus notify our office immediately.
- Hyperpigmentation (darkening of the skin) rarely occurs and usually resolves itself after a month.

- Permanent scarring is extremely rare.

**HEALTH INSURANCE** - Most health insurance companies exclude coverage for an acupuncture facial and/or any complications that might occur from an acupuncture facial. Please carefully review your health insurance subscriber information pamphlet.

**ADDITIONAL CARE NECESSARY** - There are many variable conditions in addition to risk and potential complications that may influence the long term result from acupuncture facial treatments. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with an acupuncture facial treatment. Other complications and risks can occur but are even more uncommon. Should complications occur, other treatments may be necessary. The practice of acupuncture is not an exact science. Although good results are expected, there is no guarantee or warranty, either expressed or implied, on the results that may be obtained.

**FINANCIAL RESPONSIBILITIES** - The cost of an acupuncture facial involves several charges for the services provided. The total includes fees charged by your acupuncturist, the cost of acupuncture supplies, and topical preparations. Depending on whether the cost of your acupuncture facial is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered.

**DISCLAIMER** - Informed-consent documents are used to communicate information about the proposed procedure along with disclosure of risks and alternative forms of treatment(s). The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances. However, informed consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your acupuncturist may provide you with additional or different information which is based upon all the facts in your particular case and the present state of knowledge within the field of acupuncture. Informed consent documents are not intended to define or serve as the standard of acupuncture. Standards of acupuncture are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve. It is important that you read the above information carefully and have all of your questions answered before signing the following consent.

**CONSENT FOR ACUPUNCTURE TREATMENT**

1. I hereby authorize \_\_\_\_\_ SARAH JOHNSON \_\_\_\_\_ to perform acupuncture and additional accessory techniques. I have received the ACUPUNCTURE INFORMED CONSENT TO TREAT.
2. I recognize that during the course of the acupuncture treatment, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above acupuncturist to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my acupuncturist at the time the procedure is begun.
3. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
4. It has been explained to me in a way that I understand:
  - A. The above treatment or exposure to be undertaken
  - B. There may be alternative procedures or methods of treatment
  - C. There are risks to the procedure or treatment proposed

**I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-4). I AM SATISFIED WITH THE EXPLANATION.**

\_\_\_\_\_  
**Patient (or Person Authorized to Sign for Patient)**

\_\_\_\_\_  
**Practitioner**

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

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



## HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT & PATIENT RIGHTS FORM

**INTRODUCTION** – Calla Lily Day Spa is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and private practices with respect to your protected health information.

In order to maintain the level of services that you expect from her office, we may need to share limited personal medical and financial information in the following cases;

**PAYMENTS** - in order to secure payment we may disclose healthcare information to your insurance company or with Workmen's Compensation and your employer as well if payment is not made as arranged by our offices by utilizing outside collection agency, credit reporting agency or other means of collecting outstanding debt. The designated collection agency or authority may review your file containing protected healthcare information.

**TREATMENT** - your healthcare information may be disclosed to other healthcare professionals within the practice or other medical practitioners that you authorize.

**EMERGENCIES** - in the event of an emergency, we may need to notify family member or other person responsible for your care that you have been in an emergency situation.

**PUBLIC HEALTH** - as required by law, we may disclose your health information to public health authorities for the purpose of preventing or controlling disease, reporting child or elderly abuse or neglect, reporting to domestic violence or reporting disease or infectious exposure.

**JUDICIAL AND ADMINISTRATIVE PROCEEDINGS OR LAW-ENFORCEMENT** - for example, in the case of complying with the court order or subpoena.

**OTHER COMMUNICATIONS** - for example, we may call your home to remind you of an appointment. No protected health information will be provided on this call except for the date and time of your scheduled appointment.

**PROTECTION** - 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 how medical files and records including email, regular mail, telephone, and faxes sent are kept on permanent file.

**INCLUDED** - In administrating your healthcare, we would gather and maintain information that may include; nonpublic personal information. Information about your financial transactions with us. Medical history, treatment notes, medical test results, and any letters, faxes, emails or telephone conversations to or from this office, to or from other healthcare practitioners, from healthcare providers, insurance companies, Workmen's Comp. and your employer, and other third parties' administrators. We value our relationship and respect your right to privacy.

### AS A PATIENT YOU HAVE THE FOLLOWING RIGHTS:

1. **RIGHT TO INSPECT AND COPY** - Upon written request you have the right to access, review or receive copies of your health care records.
2. **RIGHT TO AN ACCOUNTING OF DISCLOSURE** - Upon written request you have the right to receive a list of items this office has disclosed about your Protected Health Information.
3. **RIGHT TO REQUEST RESTRICTIONS** - You have the right to request that this office place additional restrictions on the disclosure of your Protected Health Information.
4. **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS** - Patients have the right to have their Protected Health Information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon their request. For example, patients can ask that we only contact them at work or by mail.
5. **RIGHT TO AMEND** - You have the right to request that we amend your Protected Health Information, in the event that you believe the health information we have is incorrect or incomplete. This request must be in writing. Please be advised, however, that we are not required to agree to amend Protected Health Information. We may deny the request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny the request if the patient asks us to amend information that:
  - A. We did not create, unless the person or entity that created the information is no longer available to make the amendment.
  - B. Is not part of the health information that we keep.
  - C. You would not be permitted to inspect and copy.
  - D. Is accurate and complete.

If the patient requests to amend health information has been denied, the patient will be provided with an explanation of our denial reason(s) and information about how to disagree with the denial.

6. **RIGHT TO A PAPER COPY** - You have the right to receive a paper copy of this Notice of Privacy Practices at any time upon request.

**PLEASE READ THE FOLLOWING AND INITIAL IN THE SPACE PROVIDED:**

I understand I have the right to read and discuss the Notice of Privacy Policies and Procedures form of this acupuncture practice before I sign this consent form regarding the use and disclosure of my Protected Health Information.

I have the right to revoke this consent, in writing, at any time, exempting the acupuncturists and practice to the extent that they have already relied upon this consent.

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES (HIPAA) AND PATIENTS' RIGHTS**

I acknowledge receipt of a copy of the Notice of Privacy Practices (HIPAA) and Patients' Rights.

\_\_\_\_\_  
**Patient** *(or Person Authorized to Sign for Patient)*

\_\_\_\_\_  
**Practitioner**

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

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