

## **Welcome to Rochester Community Acupuncture**

Rochester Community Acupuncture (RCA) is one of many community acupuncture clinics established in the country that are members of the People's Organization of Community Acupuncture (POCA). POCA is a multi-stakeholder cooperative whose mission is to make acupuncture affordable for nearly everyone, while promoting a sustainable business model that works for patients and practitioners. To learn more about the cooperative and to find POCA member clinics in other areas, visit [www.pocacoop.com](http://www.pocacoop.com).

## **We Have a Sliding Scale**

We offer treatments on a sliding scale of \$30-60. The sliding scale for your first visit is \$50-70. You decide what you can afford. There is never any need to prove your income. Our only goal is for you to be able to find out how useful acupuncture can be for you. Acupuncture is most effective for current health concerns when it is done frequently and regularly. We've found this to be especially true at the beginning of a course of treatment. Acupuncture is a PROCESS. It is very rare for any person to be able to resolve a problem completely with one treatment. Frequent treatment is much more likely to lead to relief. Your acupuncturist will suggest a course of treatment based on the intensity and duration of your health concern. Twice a week is usually the minimum needed to get some momentum moving ahead with a health issue – though more frequent visits are common for short periods of time if the problem is quite intense. If you don't come often enough or for enough treatments, acupuncture may not work as well for you.

## **We Treat in a Community Setting**

We believe a group setting has many benefits. Most people learn after a few treatments when they feel 'done' or 'cooked'. This can take anywhere from 25-50 minutes. Please arrive, be in your chair and be ready to receive acupuncture at your scheduled appointment time! We use mostly distal points on the arms and legs to treat most everything. We don't have to stick needles where the problem is to get results. When you go into the treatment room, get yourself ready by silencing your cell phone, choosing a recliner, removing shoes and socks, and pushing up your sleeves and pants before the acupuncturist arrives. Please place all personal items (shoes, purses/bags, etc.) into the bin on the floor beside your chair. Feel free to bring any items from home that will make your treatment more comfortable (earplugs, music, a favorite clean pillow or blanket, etc.). The treatment room is meant to remain a quiet space for you and others to rest, sleep, meditate and sort it all out. Its atmosphere exists through our patients relaxing together. We appreciate everyone's presence...we find this kind of collective stillness a rare and valuable thing. Maintaining this reservoir of calm requires very little talking and speaking softly in the clinic space – including us.

## **Our Commitment to You**

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 in a safe environment with skilled, experienced practitioners. We will always be available to listen to any advice and/or feedback you may have about RCA. Please enjoy the space and time to do your work. We are glad you found our clinic and are excited to be your neighborhood place for everyday healing!

- The Staff at RCA

## Registration Form / Health History Questionnaire

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Legal Name (if different) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ (circle one: cell / home / work)

Email \_\_\_\_\_ Date of Birth (M/D/Y) \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender \_\_\_\_\_ Pronouns \_\_\_\_\_ Occupation \_\_\_\_\_

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

How did you hear about us? \_\_\_\_\_

Have you been treated with acupuncture before? ☐ Yes ☐ No

Do you currently have access to healthcare? ☐ Yes ☐ No

Rochester Community Acupuncture E-Newsletter:

Would you like to receive our seasonal wellness e-newsletter? You may opt-out an any time. We will not share your email address with anyone. ☐ **Sign me up!** ☐ **No Thanks.**

## HEALTH OVERVIEW

What are your goals for coming here today? \_\_\_\_\_

\_\_\_\_\_

What are your long-term health goals? \_\_\_\_\_

\_\_\_\_\_

What are your most important health concerns? List in order of importance.

1. \_\_\_\_\_ How long? \_\_\_\_\_

2. \_\_\_\_\_ How long? \_\_\_\_\_

3. \_\_\_\_\_ How long? \_\_\_\_\_

What medications/supplements do you take?

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Please list any major accidents, chronic illnesses or surgeries:

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How would you rate your general state of health? ☐ Excellent ☐ Good ☐ Average ☐ Fair ☐ Poor

Please check those you have or have had in the last year:

- ☐ Difficulty coping with stress and/or emotions ☐ Major change in overall health  
☐ Depression/Anxiety ☐ Major life events (move, job loss, relationship change, etc.)

**HEATH HISTORY:**

*Please circle if you want to work on any of the following:*

Alcohol/Drug Addiction	Allergies/Asthma/Eczema	Auto-immune	Anxiety
Cancer	Crohn's/Colitis /Celiac/IBS	Depression	Insomnia
Heart Disease/Stroke	Mental Illness	MS	High/Low BP
Sleep Apnea	Bleeding/Clotting Disorder	Low Energy.	Thyroid
Diabetes	TMJ/Clenching	Menses	Menopause
Reproductive Health	Urinary/Kidney Disorder	Ears/Eyes	Nose/Throat
Liver/Gallbladder Disorder	Skin Disorder	Fainting/Vertigo	Lung Disease

Are you allergic to any: Drug/Medication \_\_\_\_\_ Foods \_\_\_\_\_  
Environmental or chemical sensitivities? \_\_\_\_\_ Other \_\_\_\_\_

Do you get regular physical activity? ☐ Yes ☐ No Do you follow a special dietary plan? ☐ Yes ☐ No

Do you drink water regularly? ☐ Yes ☐ No

Are you or could you be pregnant: ☐ Yes ☐ No Are you trying to conceive ☐ Yes ☐ No

Is there anything else you would like us to know? \_\_\_\_\_

By signing this, I certify that the above medical information is correct to my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## FINANCIAL POLICY

At RCA our goal is to make acupuncture available to as many people in our community as possible. We charge as little as we feasibly can, and we keep our business running because we treat a lot of patients. Community Acupuncture works because our patients regard the clinic like a shared resource that they really care about. You're not simply a customer here you are a participant. When you get acupuncture here, you are helping other people get acupuncture. Your presence in the treatment room supports another's healing. Pretty great, right?

**The cost for your initial visit is \$50 - \$70.** The cost of each visit after your initial appointment is set on a sliding scale of \$30 - \$60 per treatment. You decide what you can pay at each visit. We will never ask for income verification and trust that you know best what you can afford to pay for your treatment. Full payment is expected at the time of your visit. We accept cash, check, credit, and most HSA/FSA.

We ask that you be prepared to pay for your treatment each time you come in. At any time, you may change the amount that you pay on the sliding scale up or down. If you need a receipt to submit to your insurance, please let us know. We'd also be happy to give you a cash receipt as well. Just ask.

We know that things come up, but with how little we charge, we need you to be responsible for keeping your appointments. If you don't show up or if you need to cancel on short notice, it impacts our operations and may prevent another patient from getting the acupuncture they need.

RCA runs on co-operation. We need jobs and you need acupuncture. If we co-operate, we believe that we can all get what we need even without high prices.

### **WE REQUIRE 12 HOURS' NOTICE IF YOU NEED TO CANCEL OR RESCHEDULE AN APPOINTMENT TO ANOTHER TIME OR ANOTHER DATE.**

- All appointments that are canceled with less than 12 hours' notice or are missed altogether without letting our front desk know, will be charged a **\$30 fee** payable at the next visit.
- If you need to change the time of your appointment for the same day, but you reschedule with less than 12 hours' notice, a **\$25 late rescheduling fee** will apply.
- Patients who are 20 minutes late (or more) to a scheduled appointment, will be charged a **\$30 fee** and rescheduled to another day and time.

We do of course recognize that emergencies happen and would be happy to consider these on an individual basis. Thank you for respecting our policies and helping us make acupuncture affordable for our community.

**Returned Check Policy: \$30.00 fee** on all returned checks.

**Thank you for your understanding, respect, and consideration.**

I agree to the above policy:

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## **I. Informed Consent to Acupuncture Treatment**

I hereby request and consent to the performance of acupuncture treatments on me for the relief of presenting symptoms, improved health and wellbeing, reduced stress, and general relaxation.

While acupuncture is a very safe, natural method of treatment, certain side effects may result. These could include but are not limited to local bruising of the skin and/or slight bleeding, temporary pain and discomfort, numbness or tingling near the needling sites that may last a few days, weakness, dizziness or fainting and temporary aggravation of symptoms existing prior to acupuncture treatment. There is little to no risk of infection when all needles are sterile. RCA uses only one-time use, sterile disposable needles.

Acupuncture can be very beneficial in the treatment of symptoms during pregnancy, assisting in the birthing process and postpartum. Please notify the acupuncturist should you become pregnant or if you are in the process of trying to get pregnant so that the acupuncturist can make necessary adjustments to your treatment plan.

I understand the clinical and administrative staff may review my patient records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

By voluntarily signing below, I show that I have read, or have had read to me, the above consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

## **II. Patient Advisory to Consult a Physician**

Rochester Community Acupuncture is committed to your health and wellbeing. We believe that while Acupuncture and Chinese Medicine has a great deal to offer as a health care system, it cannot replace the resources available through biomedical physicians. Consequently, we recommend that you consult a physician regarding any condition or conditions for which you are seeking acupuncture treatment. To comply with Article 160, Section 821.1(b) of NYS Education law, we request that you read and sign the following statement:

**I, THE UNDERSIGNED DO AFFIRM THAT I HAVE BEEN ADVISED BY Janeane Munn, Angela Massar, or other staff acupuncturist TO CONSULT A PHYSICIAN REGARDING THE CONDITION(S) FOR WHICH I AM SEEKING ACUPUNCTURE TREATMENT.**

PATIENT (or representative) SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_