Bonnie Lee Spina L.Ac.

Name		Birth Date
Address	City	State Zip
Phone	Cell	Mobile Phone Carrier
Email	How would you like your appointments confirmed? Text____ Email____ Call____	

How did you hear about us? Please check one.

Google_____ Yelp_____ Phone Book_____ Facebook_____ Personal Referral_____ Other_____

Friend Referral (please specify whom we may thank)_____

Health Insurance Portability and Accountability Notice of Privacy Practices

Bonnie Lee Spina L.Ac. may use/disclose to Natural Therapy Wellness Center Inc your name, address, phone and/or email for purposes of appointment reminders, database information promotions and ensure that rules of regulatory agencies/quality of care are followed.

Your medical record is the physical property of Bonnie Lee Spina L.Ac., however the information contained in the record belongs to you. You have important rights concerning your medical information:

*See and obtain an copy of the medical information *Right to a paper copy of this notice

*Ask us to restrict or limit the medical information we use/share about you *Submit a complaint

Your Protected Health Information includes demographic information collected from you and relates to past, present and future physical or mental health or condition that identifies you, or if there is a reasonable basis to believe the information may identify you. You have the right to revoke this consent in writing, except where we have made disclosure in compliance to prior consent. We reserve the right to refuse any such request. We reserve the right to change privacy policies procedures and notice.

Signature_____Date_____

____Initial to DECLINE consent.

Patient Informed Consent

Acupuncture is performed by the insertion of PRE-STERILIZED, DISPOSABLE Acupuncture Needles through the skin at certain points on the body. The benefits and risks of receiving Acupuncture and Oriental Medicine treatment have been explained to me. Although rare, certain side effects may result from Acupuncture and I understand that each procedure or treatment has specific risks and benefits. I have been informed of the risk and benefits of the procedures and products listed below that apply to my treatment. In addition, I understand that Bonnie Spina, L.Ac. Is not a medical doctor, psychologist, clinical psychologist or psychiatrist and does not portray herself as one. Should I believe that I require these services, it is my responsibility to consult those professions.

Services	**Risk**	**Authorization**
Acupuncture	Pain or infection at site of needle insertion	I authorize release this information to my insurance company.
Electric Stim	Minor bruising	I am personally responsible for payment.
Herbal Medicine	Needle sickness	I permit a copy of this form in place of the original.
Acupressure	Broken needles	
Illumination	Moxa skin burns	

Signature_____ Date_____

Occupation:_____

Primary reason for this appointment?_____

What type of service do you desire:

Temporary relief of symptoms/pain control___

Eradication of tendencies causing your condition___

Balanced optimum health care-possible elimination of root cause___

Maintenance care- balancing for abundant health__

How would you classify your condition:

Minor___ Involved___ Fairly severe and progressively getting worse___ Serious___

Major medical problems, injuries or surgeries?

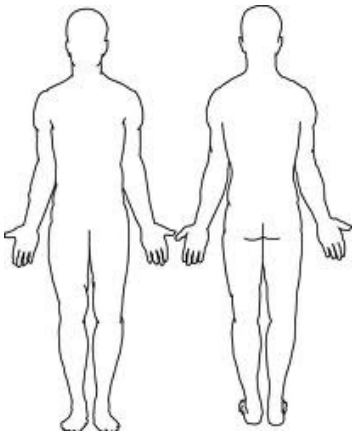
Medications you are currently taking?

Any known allergies (drugs, chemicals, foods?)

Habits you would like to change

Exercise program

Major changes, traumas or losses in your life?



Symbols

XXX Sharp pain

:::: Pins & Needles

// Dull Pain

000 Numbness

*** Burning Pain

== Radiating Pain

It is very important in Chinese Medicine to know how long a patient has experienced his/her symptoms. Thus, it is essential to indicate time on the symptoms.

Please indicate with:

- **one check** any condition that you sometimes experience
- **two checks** for those which often occur
- **three checks** for symptoms that are a major concern.

Pain (please describe)_____

Other Comments_____

Water Element

__ Hearing Loss
__Dizziness
__Lower back/neck pain
__Sinus Congestion
__Edema
__Darkness under eyes
__Emotional instability
__Aversion to cold
__Hair thinning/loss
__Pre-mature aging
__Frequent urination
__Kidney stones
__Perspire easily
__Weakness of legs/knees
__Asthmatic cough
__Rapid weight change
__Loose teeth
__Reduced sexual energy
__Thyroid problems
__Diabetes

Wood Element

__Headaches
__Migraines
__Ringing in the ears
__Poor eyesight
__Eye infections
__Dry eyes
__Eczema
__Shingles
__Herpes simplex
__Warts
__Nervousness
__Convulsion, spasms
__Irritability
__Constipation
__Hemorrhoids
__Hepatitis
__Ulcer
__Vomiting
__Gallstones
__Indecisive
__Fullness below rib
__Shoulder/neck tension
__Insomnia 11PM-3AM

Fire Element

__Dry scalp
__Skin eruptions, rashes
__Cysts, tumors
__Ear infections
__Sore throat, tonsillitis
__Lymphatic swelling
__Hot palms/soles
__Heart palpitations
__Aversion to heat
__Bitter taste in mouth
__Gum problems
__Nose bleed
__Facial redness
__Itching/burning skin
__Hot hands/feet
__Thirst
__Vivid dreaming
__Dark urine
__Night sweats

Earth Element

__Indigestion
__Flatulence
__Food allergy
__Stomach ache/ulcer
__Diarrhea
__Anemia
__Halitosis
__Sores in mouth
__Heartburn
__Strong appetite
__Weak appetite
__Nausea
__Abdominal bloating
__Low body weight

Metal Element

__Bronchitis
__Asthma
__Shallow breathing
__Cough
__Sinus Congestion
__Nasal infections

Other

__Fatigue
__Arthralgia
__Sciatica/nerve pain
__Cold hands/feet
__Tendonitis
__Bursitis