You Have The Right To:

Written notice of HIPAA privacy laws and access to your records
(HIPAA statement at www.ssah.vpweb under "Patients")
*
Timely, necessary and appropriate care & service
*
Participate in decisions regarding care, and including refusing services
*
Ongoing information on health status:
diagnosis, treatment plan, prognosis & duration, recommendations
*
Courteous culturally sensitive care, free from verbal, physical, or sexual abuse
*
Notice on fees and reasonable notice of changes in fees & services
*
Notice of other services in the community and choice of practitioners
*
Coordinated transfer of care/referral upon changes in condition or available services
*
Assert these rights - File a complaint

Name: ______________________________ **Date of Birth** ____________________

Address:

____

____

Preferred method of contact:

☐ Cell ______________________________

☐ Home Phone ______________________

☐ Work Phone ______________________

☐ Email (if want access to you electronic health record)

____

Emergency Contact

Name ______________________________

Phone ______________________________

Relationship _________________________

Payment Method

☐ Self-pay

☐ Insurance (***Accepting****: Cigna, New Mexico Health Connections, Veterans ChoiceCard & TriWest, Liberty Healthshare, soon accepting American Specialty Health insurances.*

Primary: ____

Secondary: ____

☐ Permission to file claim electronically with Office Ally

☐ Permission to copy insurance card(s)

Signature __________________________ DATE __________________________

INFORMED CONSENT FOR TREATMENT

Scope of Care & Referral: I understand that the practitioner shall hold training and state licensure in the application and recommendation of therapies and herbs as defined by Oriental Medicine concepts. I am entitled to receive information about the methods of therapy; the style & techniques used; the treatment plan & duration of therapy. I understand that I have the choice to accept or reject the proposed treatment procedure(s) or any part thereof, before or during the treatment session. There may be limitations to the care provided, as my condition may not fall within the scope of practice of my practitioner's professional licensure, training or experience. In this case, I may be referred to another practitioner or healthcare provider. I understand that the practitioner is not providing Western (allopathic) medical care, and that I should seek Western care (i.e. M.D.) for those services and for routine check-ups.

Choice of Practitioner & Refusal of Services: I understand that I may seek a second opinion from another health care professional or may terminate therapy at any time.

Practitioner/ Patient Relationship: I understand that a Practitioner/ Patient relationship involves respect, trust, and safety. Sexual intimacy is never appropriate and should be immediately reported to the New Board of Acupuncture & Oriental Medicine. I understand my responsibility to inform my health care practitioner of any changes to my health or information related to this document.

Regulation of Practice & Complaints I understand that the practice of acupuncture in New Mexico is regulated by the Board of Acupuncture & Oriental Medicine- New Mexico Regulation & Licensing Department. A practitioner shall comply with all the rules and regulations promulgated by the Board of Acupuncture including those related to the proper cleaning and sterilization of needles used in the practice of acupuncture and the sanitation of acupuncture offices. If I believe my safety, patient rights or privacy rights have been violated, I may file a complaint without being penalized. All complaints must be submitted in writing to:

Board of Acupuncture & Oriental Medicine
New Mexico Regulation and Licensing Department- Boards and Commissions Division
2550 Cerrillos Road
Santa Fe, NM 87507
505- 476-4630. (fax) 505-476-4615
www.RLD.state.nm.us

I have read the above consent, or a trusted party has read it to me. I have had an opportunity to ask questions about its content. By signing below I acknowledge understanding of the content, and authorize treatment to cover the entire course of treatment for my present condition, and any future condition(s) for which I seek treatment. I acknowledge that I am responsible for payment of all fees at the time of services rendered unless other arrangements are made in advance, and put in writing in my (or the patient I represent) file. I have been given a copy of and reviewed the Patient Bill of Rights and a copy of the Notice of HIPAA.

Signature of Patient (or representative) ______________________________ Date __________

Witness ____ Date __________

Chief Complaint(s):

HPI: duration - time course - severity - context/setting - quality - exacerbate/relief/unhelpful - prior episodes - associated symptoms

MEDICAL HISTORY [separate form]

FAMILY Hx: Heart Dz 2 – 5.4 Diabetes/ Endocrine 2.4 – 4 Hypertension Dyslipidemia Asthma/ Eczema 3.0 – 7

Breast CA 2.1- 3.9 Colorectal CA 1.7 – 4.9 Prostate CA 3.2 – 11 Melanoma 2.7 – 4.3 Osteoporosis 2.0 – 2.4 0

SOCIAL Hx: marital status living situation occupation children

TOBACCO/DRUGS/ALCOHOL?

MEDICATION 1195F [separate form]: Bloodthinner Pacemaker

ALLERGIES: NKA

Special diets, psychosocial & medical needs, aversions/ phobias to be considered?

Are You / Could You Be Pregnant? YES NO **LMP** **G/P**

T	P	R	BP	O2	WGT	HGT	BMI	Accucheck

ROS/PE/ 4 INSPECTIONS [Inquire *_10 questions_ / look/ listen & smell/ palpation]

- ☐ **GENERAL** AOx3. Well developed & nourished, in no acute distress. NO F&C. Stable weight. body type / age / sex / complexion.
- ☐ **HEENT**: Atraumatic. NO pain, diplopia, visual changes. no dec hearing, ear pain, epistaxis, hoarseness, dysphagia./ PEERLA, EOM, conjunctiva pink. TM clear bilat. Moist membranes. Tonsils +1 w/o erythema or exudate
- ☐ **NECK/NODES/BACK**: NO pre/ post/ occipital/ cervical/ submandibular/ submental adenopathy. NO carotid bruits, JVD, CVA tenderness.
- ☐ **THORAX/ BREASTS:** NO breast distension
- ☐ **LUNGS/RESP**: CTAB&E bilat. Good effort. Unlabored.
- ☐ **CV**: HRRR w/o m/r/g. NO ***palpitations, *chest pain***, diaphoresis, LE edema, orthopnnea, paradoxical nocturnal dyspnea/ upon excretion. No hx of angina, MI, arrhythmia, murmur, CAD/PTCA/stent, CHF, HTN, DVT/PE.
- ☐ **ABD:** NO S/NT/ND, +BS. No HSM or masses
- ☐ ***ELIMINATION*: GI** NO ABD pain, N/ V/ D/ C, melena, BRBPR. NO hx of diverticulitis, GB stnz, GERD, GIB, hepatitis, pancreatitis. **GU** NO and CVA tenderness, frequency, urgency, nocturia, incont, hematuria, discharge, dysuria, recurrent UTI, Hx of PID/SDIs.
- ☐ **OBGYN/UROLOGICAL/***_menstrual bleeding pattern_
- ☐ **MS/ EXTREMITIES**: DENIES bone/joint/muscle pain. No hx of arthritis. / No rash, ulcerations. No pedal/sacral edema. Posterior tibial/dorsalis pedis +2 pulses.
- ☐ **NEURO**: NO dizziness/vertigo/syncope, sz, AMS, LOC, numb/tingle. no hx of CVA/TIA./ MAEW. CN2-12 grossly intact. Gait is coordinated and even. -Romberg , - pronator drift. ROM coordinated and smooth. Superficial touch/pain/vib sensation intact. DTR +2 in all extremities. - Babinski. No ankle clonus.
- ☐ **SKIN**: NO Spontaneous sweating, hot flashes, night sweats
- ☐ **ENDO**: NO polyuria/dypsia/phagia, skin/hair changes, heat/cold intol, NO hx of DM or cancer.
- ☐ **PSYCH**: NO anxiety, depression, suicidal or homicidal ideation.

SILVER BULLETS: fatigue night-blindness rapid hunger **PMS**/ RSP / irritable **sore/red TOT** PND/PPQ bitter taste

10 Questions: Energy / **mood**/ **pain**/ **sleep** / **appetite**/ **thirst** / **elimination** / / /

MEDICAL HISTORY Current/Past Diagnosis:

HOSPITALIZATIONS **SURGERIES** **INJURIES**

PSYCHOSOCIAL
- ☐ low energy
- ☐ Depression
- ☐ Anxiety disorder/ GAD
- ☐ Mood swings
- ☐ PTDS/ TSD/ Panic
- ☐ Feel overwhelmed/ stressed-out
- ☐ Memory /concentration
- ☐ Other ____________________

NEUROLOGICAL
- ☐ Seizures
- ☐ Brain Injury/ surgery
- ☐ Multiple Sclerosis / EBV /ALS
- ☐ Parkinson's/ Essential Tremor
- ☐ Headaches/Migraines
- ☐ Alzheimer's / Dementia
- ☐ Other ____________________

HEAD, EARS, NOSE & THROAT
- ☐ Vision or Hearing Problems
- ☐ Chronic ENT Infections
- ☐ Dizzy. Vertigo, Syncope
- ☐ Other ____________________

RESPIRATORY
- ☐ Allergies/ RAD
- ☐ Asthma adult/ childhood onset
- ☐ Emphysema/COPD/Bronchitis
- ☐ Other ____________________

CARDIAC / VASCULAR
- ☐ chest pains / palpitation
- ☐ CVA/TIA/ MI
- ☐ Blood Clots/Phlebitis
- ☐ Arrhythmia
- ☐ Valve disease
- ☐ PVD
- ☐ CHF
- ☐ Other ____________________

SKIN
- ☐ Eczema/ Psorias/ dermatitis
- ☐ Rashes / itching/ lesions
- ☐ Infections (MRSA, VRE, impetigo, worts etc.)
- ☐ Yeast / Candida/ fungus
- ☐ Other ____________________

ENDO, METAB, HEMATOLOGIC
- ☐ Diabetes I II
- ☐ Thyroid ___________________
- ☐ Pituitary, adrenal problems
- ☐ Clotting/ bleeding/ dyscrasia
- ☐ Problems with Anesthesia
- ☐ Anaphylaxis _______________
- ☐ Temp too low / high
- ☐ Hormonal Imbalance
- ☐ Other ____________________

REPRO/ OBGYN/ PROCTO
- ☐ Prostate Problems
- ☐ Spermatorrhea/ ED
- ☐ Infertility/ Impotency
- ☐ TAB / SAB # ____
- ☐ Gest HTN, pre/eclampsia
- ☐ Gest diabetes
- ☐ Difficult labor/ CS / PPH
- ☐ PPD/ psychosis
- ☐ Menopausal complaints
- ☐ Endometriosis/ Fibroids/ cysts
- ☐ PMS/ dysmenorrhea
- ☐ Menorrhagia/ metrorrhagia/ amenorrhea
- ☐ Other ____________________

GASTRO/URINARY
- ☐ Digestive problem, GERD, bloat
- ☐ Diarrhea/Constipation
- ☐ Nausea/ vomiting
- ☐ GERD/Ulcers/ H-pylori
- ☐ IBS/ Crohn's/ Malabsorption
- ☐ Intolerances/ allergies
- ☐ Polyps/Diverticulitis
- ☐ Bowel/ Bladder Control
- ☐ Renal disease
- ☐ Hepatic disease
- ☐ Other ____________________

MUSCULOSKELETAL
- ☐ Fractures/ deformity
- ☐ Bursitis & Tendonitis
- ☐ Back / Joint pain
- ☐ Scoliosis
- ☐ Hernia/ prolapses __________
- ☐ Pain or fatigue syndromes
- ☐ Osteoporosis
- ☐ Paresthesia/ hemiplegia
- ☐ Other ____________________

NEOPLASMS
- ☐ Tumors, masses, lipoma etc
- ☐ Cancer Type _______________
- ☐ Other ____________________

INFECTIOUS DISEASE
- ☐ STD _________
- ☐ Hepatitis A B C D E
- ☐ Hanta/ Plague/ West Nile
- ☐ Febrile disease
- ☐ TB
- ☐ Other ___________

VACCINES/ IMMUNIZATION
- ☐ Travel ___________________
- ☐ Flu, PNE __________________
- ☐ MMR ____________________
- ☐ DPPT ____________________
- ☐ HBV _____________________
- ☐ Varicella _________________

DENTAL / ORAL HEALTH
- ☐ Fillings/ type ______________
- ☐ Crowns/ Root canals # ________
- ☐ Periodontal disease
- ☐ Tooth Loss/ Eudentition [6+]
- ☐ Halitosis/ odd tastes
- ☐ Sores/ dryness
- ☐ OTHER ___________

MEDICATION LIST /1159F [Check all That Apply]:

Analgesic & Antipyretic

- ☐ Acetaminophen/ NSAIDS [IBP, Aspirin], Narcotics
- ☐ Nacotics
- ☐ Muscle relaxants
- ☐ Arthritis/ Rhematism / Gout (ie colchicine, allopurinol)

Cardiovascular

- ☐ Blood Pressure: ACE inhibitors, ARB, CCB, BB, Adrenergic agonists/ blockers
- ☐ Diuretics
- ☐ Blood Thinner
- ☐ Irregular Heart beat/ Chest Pain
- ☐ Cholesterol / Lipid Lowering

Dermatology:

- ☐ Steroids, acne, topical enzymes

Endocrinology

- ☐ Diabetes: Insulin, Oral glucose lowering agents
- ☐ HRT/ Steroids
- ☐ Thyroid
- ☐ Osteoporosis

ENT / Respiratory

- ☐ Narcotic/ Non-narcotic antitussives / Decongestants/ Expectorants
- ☐ Intranasal steroids
- ☐ Glaucoma /Eye or ear preparations
- ☐ Allergies: Antihistamines, Leukotriene receptor antagonists, Mast cell stabilizers (ie cromolyn)
- ☐ Inhalers: Asthma/ COPD/ Emphysema [Steroid, Anticholinergic, ß2-agonist]

GI Agents

- ☐ Nausea,
- ☐ Anticholinergics & antispasmodics
- ☐ GERD/ Dyspepsia {Antacids / H2RA/ PPI]
- ☐ Diarrhea/ constipation

Gynecology/ Urological

- ☐ Contraception [Oral / Depo-Provera / IUD] / or Fertility Agents
- ☐ Urinary tract or yeast infections
- ☐ Irritable bladder, urinary incontinence
- ☐ Prostate, BPH, Erectile dysfunction

Hematology/Oncology

- ☐ Chemotherapy PO/ IV

Anti- Infective

- ☐ Antivirals: Ribavirin, tamiflu, NRT/ NNRT / ARC/ Protease inhibitors agents
- ☐ Antibiotics/ antifungals/ antiparasitics

Neurology/ Psychiatric/ Psychosocial

- ☐ Alzheimer's / dementia / Parkinsonian
- ☐ Seizure/ Migraine
- ☐ Antidepressants [SNRIs SSRIs TCA's MAOI]
- ☐ ADHD / Bipolar Disorder / manic depression / Antipsychotics
- ☐ Anxiety / Sleep
- ☐ Nicotine / Alcohol / Opoid/ benzodiazepine abstinence

Other:

Herbs/ Supplements:

INTAKE Date: **Name**: **Date of Birth:**

Tests Results:

CBC **Hbg** **NA** **CL** **BUN** **T. Bili** **T. Prot** **PT** **PTT**
WBC **PLTS** **Gluc** **AST** **ALT** **INR**
HCT **K** **CO2** **Cr** **ALP** **ALB** **DD**

T. Cholesterol **Cholesterol** **HDL** **LDL** **TG**

- ☐ Biopsy
- ☐ Bone Density Test
- ☐ Cystoscopy / Urine Flow
- ☐ Cardiac Stress Test
- ☐ EKG/ Holster Monitor
- ☐ Exploratory Lap
- ☐ EEG
- ☐ Hearing tests
- ☐ Mammogram
- ☐ Nerve Conduction studies
- ☐ Pulmonary Function
- ☐ Renal / Liver studies
- ☐ Sleep Study (apnea)
- ☐ Vascular studies
- ☐ Imaging results
- ☐ Thyroid studies
- ☐ Hormone Assay
- ☐ CBC
- ☐ Chemistry
- ☐ Other
- ☐ Other
- ☐ Other
- ☐ Other

SCREENS & BIOMETRIC MEASURMENTS

- ☐ *Oswestry Lower Back Pain Index*
- ☐ *Biometric/ROM Measurements*
- ☐ *Pain & Functional Assessment*
- ☐ *SMD & RDS Assessment*
- ☐ *ZRT Hormone Balance Screen*
- ☐ *Candida Screen*
- ☐ *Genova /CDSA GI Screen*
- ☐ *Depression/ Anxiety Screen*
- ☐ *Labs:*____
- ☐ *Referrals:* ____

Toxins You May Be/May Have been Exposed To?

- ☐ **mold &** fungus [black mold, aspergillus]
- ☐ **parasites [**farm animals, pets]
- ☐ **pesticides** (pest & insect killer, antiparasitic spray for farm animals, weed killer)
- ☐ **industrial** (dyes, formaldehyde, petocarbon/ petrochemical fumes, heavy metals, mining etc,)
- ☐ **solvents** [hand sanitizers, glue, strippers, industrial]
- ☐ **EMF** (high power electrical lines),
- ☐ **radioactive** byproducts (from nuclear power plants, research centers, x-rays, implants),
- ☐ **psycho/emotional/spiritual** (put-downs, insults, shame, fear, anger, curses/hexes),
- ☐ **shock/trauma** (war, accident, natural disaster, personal misfortune)
- ☐ **low oxygen** (birth or intrauterine stress, smoking/second-hand smoke)
- ☐ **cosmetic toxins** (sodium laurel sulfates, propylene glycol, synthetic fragrances, PABA/sunscreen)
- ☐ **asbestos**

Describe Your Disease Prevention/ Health Promotion Activities 96150: