

# qilosophy

Stephanie Nelson L.Ac. M.O.M. Lion Acupuncture

2532 East 6<sup>th</sup> Street

Tucson AZ 85716

(520) 440-7487

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Today's date: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Stress level: \_\_\_\_\_

Exercise: \_\_\_\_\_ Diet: \_\_\_\_\_

Have you used Acupunctue or Chinese Medicine before? \_\_\_\_\_

Reffered by: \_\_\_\_\_

In emergency notify \_\_\_\_\_ Telephone \_\_\_\_\_

**Main Concern:** \_\_\_\_\_

How long have you had this problem/Began when? \_\_\_\_\_

**SecondConcern:** \_\_\_\_\_

How long have you had this problem/Began when? \_\_\_\_\_

Past Medical History:

Illness \_\_\_\_\_

Surgeries (by date) \_\_\_\_\_

Significant Trauma (auto accidents, falls etc.) \_\_\_\_\_

Do you have or have you ever had any infectious disease? \_\_\_\_\_ If so, please describe: \_\_\_\_\_

Medicines: (prescription, over-the-counter, vitamins, herbs) \_\_\_\_\_

Allergies \_\_\_\_\_

How is your quality of sleep? \_\_\_\_\_

How is your digestion? \_\_\_\_\_

How is your level of energy? \_\_\_\_\_

**Women only:** Are you pregnant? \_\_\_\_\_

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## **Informed Consent for Acupuncture and/or Oriental Medicine:**

I, the undersigned, hereby authorize Stephanie Nelson L.Ac. O.M. to perform the following procedures and know that I may be in the treatment room with other clients who are also undergoing treatment:

**Acupuncture:** The insertion of pre-sterilized, disposable needles through the skin into the underlying tissues at specific points on the surface of the body.

**Infrared heat therapy:** Applying heat generated by an infrared lamp over a specific area.

**Cupping:** Glass cups are placed on the skin with a vacuum created by heat or suction.

I recognize the potential benefits and risks of these procedures as described below:

**Potential Benefits:** Drugless relief of presenting symptoms and improved balance of body energies that may lead to prevention, improvement or elimination of the presenting problem.

**Potential Risks:** Discomfort, pain, bruising, blistering, bleeding, infection at the sight of the procedure , temporary discoloration of the skin, possible aggravation of symptoms existing prior to the acupuncture treatment.

## **Patients with bleeding disorders or pacemakers should inform the practitioner prior to receiving treatment.**

With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Stephanie Nelson L.Ac. regarding cure or improvement of my condition. I hereby release Stephanie Nelson L.Ac. O.M. from any and all liability, which may occur in connection with the above-mentioned procedures, except for failure to perform the procedures with appropriate medical care. I understand that I am free to withdraw this consent and to discontinue participation in these procedures at any time.

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Signature of Client

Date

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Signature of Parent or Legal Guardian

Date

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## Financial Responsibility:

Payment is required at the time of your visit. We accept cash, credit and debit cards and **checks made payable to Lion Acupuncture.**

We do not accept insurance plans. This is how we keep the cost affordable and frequent visits possible in order for you to receive the intended benefit of acupuncture and cupping.

We reserve an appointment time for you and ask that you call us if you cannot keep your appointment. In consideration of others who may be on a waiting list for appointments, we ask that you give us at least 12 hours notice in advance of an appointment that you will not be able to keep.

**All appointments that are canceled with less than 12 hours notice, or are missed altogether without letting our staff know, will be charged a \$10.00 fee payable at the next visit.**

We do also recognize that emergencies happen, and consider these on an individual basis.

I agree to the above financial responsibility statement:

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Signature of Client

Date

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Signature of Parent or Legal Guardian

Date