



## **New Patient**

### **OUTLINE OF PROCEDURES FOR CARE (Please read before your first office visit)**

#### **STEP ONE:**

All new patients are requested to carefully read the included materials and fill out the personal Health History Questionnaire.

#### **STEP TWO:**

A one-on-one consultation will be done to discuss your health problems.

#### **STEP THREE:**

An Oriental Medical examination-- including classical pulse diagnosis and tongue diagnosis-- will be given to determine the precise cause of your problem.

#### **STEP FOUR:**

The Acupuncturist will advise you if additional tests are needed.

#### **STEP FIVE:**

You will be given an initial Report of Findings at which time the cause of your problem will be discussed. It includes a thorough explanation of our treatment recommendations and what results can be obtained.

#### **STEP SIX:**

If you are accepted as a Patient, care will begin. Additional explanations will be given on the different types of treatments that are available in the office.

#### **STEP SEVEN:**

An estimate of the future care that is needed will be given and upon your acceptance, care will continue until the personal maximum correction of your problem has been obtained.

#### **STEP EIGHT:**

After maximum correction has been obtained, a schedule of care will be recommended to help prevent future problems and maintain good health.

Most patients that come to our office have one of two objectives in mind concerning their health care. Some patients come for symptomatic relief of pain or discomfort (Relief Care). Others are interested in having the cause of the problem as well as the symptoms corrected and relieved (Corrective Care). Your Acupuncturist will weigh your needs and desires when recommending your treatment program.

Please check the type of care desired so that we may be guided by your wishes whenever possible.

- Relief Care       Corrective Care       Check here if you want the Acupuncturist to select the type of care appropriate for your condition

Date \_\_\_\_\_ Patient's Signature \_\_\_\_\_

For Personal Injury Protection (PIP) claims only:

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I understand that the Acupuncturist's office will prepare any necessary reports and forms to assist me in making collection from the insurance company and that any amount authorized to be paid directly to the Acupuncturist's office will be credited to my account on receipt. However, I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate, any fees for professional services rendered me will be immediately due and payable.

I hereby authorize the Acupuncturist to treat my condition as s/he deems appropriate. I also agree that I am responsible for all bills incurred at this office.

Patient's Date \_\_\_\_\_ Signature \_\_\_\_\_

Consent to Treat a Minor \_\_\_\_\_  
Date \_\_\_\_\_

Guardian or Spouse's Signature Authorizing Care \_\_\_\_\_  
Date \_\_\_\_\_