



Acupuncture Questionnaire

Confidential health records of: Name: _____ Date: _____

Main reason for coming in today? _____

Have you had Acupuncture before? Yes No

Women Only

Are you pregnant or might be? Yes No Maybe If yes, what month? _____

Do you use birth control? Yes No If yes, what method? _____

Do you have regular PAP tests? Yes No Last one/how often? _____

Other sexual/reproduction difficulties? Yes No If yes, specify: _____

Age of first menstruation: _____ If applicable, age menopause started: _____

Date of first day of last menstrual cycle: _____ Number of days of last menstruation (bleeding): _____

Usual length of monthly cycle (from first day of bleeding until day before next bleeding): _____

Are your periods...

- Irregular: Short Long Variable
- Painful: Before During After
- Relieved: Heat Cold Pressure
- Blood: Red Brown Discolored
- Heavy bleeding Light bleeding
- Heavy clotting Stop & start again

Do you have any premenstrual symptoms? Yes No

- Painful or swollen breasts Irritability
- Depression Crying
- Food cravings: _____
- Nausea Cramps or pain
- Other: _____

Vaginal discharge:

- Clear/white Watery Thick Yellow

Pregnancies

Total number: _____ Number of children: _____ Complications: _____

Abortions or miscarriages: _____ How long ago was your last pregnancy? _____

Men Only

Do you experience...

- Reduced libido Urinary frequency
- Excessive libido Impotence
- Premature ejaculation Genital discharge
- Seminal emission (spontaneous ejaculation without sexual stimulation) Pain associated with genitals
- Other: _____

Acupuncture Arbitration Agreement

Article 1: Agreement to Arbitrate: It is understood that any dispute as to medical malpractice, including whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California and federal law, and not by a lawsuit or resort to court process except as state and federal law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. Further, the parties will not have the right to participate as a member of any class of claimants, and there shall be no authority for any dispute to be decided on a class action basis. An arbitration can only decide a dispute between the parties and may not consolidate or join the claims of other persons who have similar claims.

Article 2: All Claims Must be Arbitrated: It is also understood that any dispute that does not relate to medical malpractice, including disputes as to whether or not a dispute is subject to arbitration, as to whether this agreement is unconscionable, and any procedural disputes, will also be determined by submission to binding arbitration. It is the intention of the parties that this agreement bind all parties as to all claims, including claims arising out of or relating to treatment or services provided by the health care provider including any heirs or past, present or future spouse(s) of the patient in relation to all claims, including loss of consortium. This agreement is also intended to bind any children of the patient whether born or unborn at the time of the occurrence giving rise to any claim. This agreement is intended to bind the patient and the health care provider and/or other licensed health care providers, preceptors, or interns who now or in the future treat the patient while employed by, working or associated with or serving as a back-up for the health care provider, including those working at the health care provider's clinic or office or any other clinic or office whether signatories to this form or not.

All claims for monetary damages exceeding the jurisdictional limit of the small claims court against the health care provider, and/or the health care provider's associates, association, corporation, partnership, employees, agents and estate, must be arbitrated including, without limitation, claims for loss of consortium, wrongful death, emotional distress, injunctive relief, or punitive damages. This agreement is intended to create an open book account unless and until revoked.

Article 3: Procedures and Applicable Law: A demand for arbitration must be communicated in writing to all parties. Each party shall select an arbitrator (party arbitrator) within thirty days, and a third arbitrator (neutral arbitrator) shall be selected by the arbitrators appointed by the parties within thirty days thereafter. The neutral arbitrator shall then be the sole arbitrator and shall decide the arbitration. Each party to the arbitration shall pay such party's pro rata share of the expenses and fees of the neutral arbitrator, together with other expenses of the arbitration incurred or approved by the neutral arbitrator, not including counsel fees, witness fees, or other expenses incurred by a party for such party's own benefit. Either party shall have the absolute right to bifurcate the issues of liability and damage upon written request to the neutral arbitrator. The parties consent to the intervention and joinder in this arbitration of any person or entity that would otherwise be a proper additional party in a court action, and upon such intervention and joinder, any existing court action against such additional person or entity shall be stayed pending arbitration. The parties agree that provisions of the California Medical Injury Compensation Reform Act shall apply to disputes within this arbitration agreement, including, but not limited to, sections establishing the right to introduce evidence of any amount payable as a benefit to the patient as allowed by law (Civil Code 3333.1), the limitation on recovery for non-economic losses (Civil Code 3333.2), and the right to have a judgment for future damages conformed to periodic payments (CCP 667.7). The parties further agree that the Commercial Arbitration Rules of the American Arbitration Association shall govern any arbitration conducted pursuant to this Arbitration Agreement.

Article 4: General Provision: All claims based upon the same incident, transaction, or related circumstances shall be arbitrated in one proceeding. A claim shall be waived and forever barred if (1) on the date notice thereof is received, the claim, if asserted in a civil action, would be barred by the applicable legal statute of limitations, or (2) the claimant fails to pursue the arbitration claim in accordance with the procedures prescribed herein with reasonable diligence.

Article 5: Revocation: This agreement may be revoked by written notice delivered to the health care provider within 30 days of signature and, if not revoked, will govern all professional services received by the patient and all other disputes between the parties.

Article 6: Retroactive Effect: If patient intends this agreement to cover services rendered before the date it is signed (for example, emergency treatment), patient should initial here _____. Effective as of the date of first professional services.

If any provision of this Arbitration Agreement is held invalid or unenforceable, the remaining provisions shall remain in full force and shall not be affected by the invalidity of any other provision. I understand that I have the right to receive a copy of this Arbitration Agreement. By my signature below, I acknowledge that I have received a copy.

NOTICE: BY SIGNING THIS CONTRACT, YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION, AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT.

Patient (or Patient Representative) Signature: _____ Date: _____

(Indicate relationship if signing for patient) _____

Office Signature: _____ Date: _____

ALSO SIGN THE INFORMED CONSENT ON REVERSE SIDE

Acupuncture Informed Consent To Treat

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of acupuncture on me (or on the patient named below, for whom I am legally responsible) by the acupuncturist indicated below and/or other licensed acupuncturists who now or in the future treat me while employed by, working or associated with or serving as back-up for the acupuncturist named below, including those working at the clinic or office listed below or any other office or clinic, whether signatories to this form or not.

I understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, Tui-Na (Chinese massage), Chinese herbal medicine, and nutritional counseling. I understand that the herbs may need to be prepared and the teas consumed according to the instructions provided orally and in writing. The herbs may have an unpleasant smell or taste. I will immediately notify a member of the clinical staff of any unanticipated or unpleasant effects associated with the consumption of the herbs.

I have been informed that acupuncture is a generally safe method of treatment, but that it may have some side effects, including bruising, numbness or tingling near the needling sites that may last a few days, and dizziness or fainting. Burns and/or scarring are a potential risk of moxibustion and cupping, or when treatment involves the use of heat lamps. Bruising is a common side effect of cupping. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the clinic uses sterile disposable needles and maintains a clean and safe environment.

I understand that while this document describes the major risks of treatment, other side effects and risks may occur. The herbs and nutritional supplements (which are from plant, animal and mineral sources) that have been recommended are traditionally considered safe in the practice of Chinese Medicine, although some may be toxic in large doses. I understand that some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue. I will notify a clinical staff member who is caring for me if I am or become pregnant.

While I do not expect the clinical staff to be able to anticipate and explain all possible risks and complications of treatment, I wish to rely on the clinical staff to exercise judgment during the course of treatment which the clinical staff thinks at the time, based upon the facts then known, is in my best interest. I understand that results are not guaranteed.

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.

Acupuncturist Name: _____ Date: _____

Patient Signature: _____

(Or Patient Representative)

ALSO SIGN THE ARBITRATION AGREEMENT ON REVERSE SIDE

Bring this signed form with you for your initial office visit if filling out outside of office!



Santa Cruz CORE Fitness + Rehab

Understanding your Insurance

Client name: _____

Date: _____

Welcome to CORE, we are excited about your choice to take charge of your health. We want to make sure you understand how insurance works with us so we just want to briefly go over it with you.

So, you will be seeing _____ for _____ (service type)

Overall, there are many different types of insurance plans and coverages. Either you or your company picked the type of coverage that is within your plan. As the premium payer, it is your responsibility to already know the general benefits of your insurance plan but we'll go over how it works from our end with you.

1. With all insurance plans, there is usually a patient responsibility of payment. This amount is either a deductible, a co-pay or a co-insurance. We will contact your insurance company to try and determine what your responsibility is. We are out of network with most insurance companies and as a result they refuse to give us a lot of the information that will determine what the patient's responsibility is before submitting our claims. For example: the allowable amount for procedural codes.

Initials

2. The insurance representatives are human and they can make mistakes and can give us the wrong information when we check benefits. **It is illegal for a doctor's office to not attempt to collect the patient's responsibility.** We will explain your responsibility clearly and in detail. If payment is required, we will help you to choose the easiest method of payment.

Initials

3. There are 2 forms of payments in any type of hospital, clinic, or doctors office: Prompt Payment, which is the payment paid at the time of service, and Deferred Payment, which is when the patient doesn't pay at the time of service and is usually billed to the insurance company. The Deferred Rate is more expensive than the Prompt Rate because of a few different reasons: the provider has to wait for payment for 30-45 business days. Billing insurance is a specialty field that takes specific training and knowledge. When the claims are denied, it takes time and negotiating expertise to appeal them and that process takes between 90-100 days. These are some of the risks of using your insurance with a provider that is out of network.

4. MedXcare Health Professionals is out of network with most insurance companies. When billing claims for insurance companies that we are out of network with, **the patient's responsibility will always be what the insurance company does not pay.** If the insurance company pays \$0 and the patient only pays a copay, the patient responsibility will be what MedXcare billed, which will be more than the prompt payment rate.

Initials

5. In addition to payment responsibility, most insurances have a maximum number of visits they will

Initials

allow as well as a maximum amount of payments per year. It is important to realize that these caps or maximums are determined by the plan which you chose. They are not determined by the amount of care needed to get you healthy. Please do not make the mistake of choosing either your type of care or length of care according to what your insurance will pay. This can be a dangerous mistake.

Initials

- 6. Your payment for our service will come directly to our office. In some cases the insurance company will make payment to you and in your name. That payment is intended for the doctor, therefore will need to be made to the name of the physician group, **MedXcare Health Professionals** via check, VISA, or Mastercard.

Initials

- 7. If you would like to submit your own bills to your insurance company you will need to pay the prompt payment rate at the time of your service. At the end of the month our billing department will give superbills for visits that month which can then submit to your insurance company for reimbursement.

Initials

Remember, our goal is to help you get healthy. Insurance can be confusing. We will do all that is in our power to help you clearly understand your benefits.

Once again, welcome to our office and welcome to a healthy life.

I read and understand how my insurance works

Name (Printed)

Signature

Date