New Patient Forms
North Peninsula Acupuncture, PLLC

North Peninsula Acupuncture PLLC
816 E 8th St Port Angeles WA 98362 (360) 457-0608

Health History Questionnaire

Date_____

Name:_____ Hm Phone _____Wk/cell (circle one) Phone_____
Address:_____ City:_____ ST____ ZIP:_____
Email:_____
Age:_____ Date of Birth_____ Height: _____ Weight:_____ Marital Status:_____ Gender _____
Employer: _____Occupation_____
Insurance Company: _____ Phone: _____
Primary Physician: _____
In Case of Emergency Notify: _____ Phone: _____
Have you been treated by acupuncture or Oriental Medicine before? o yes o no

How did you hear about us? _____

Main problem(s) : _____
When did this problem begin? _____
Average number of hours per day that you experience Primary Symptoms:_____hours _____
Have you been given a diagnosis for this problem? If so, what? _____

Do you faint easily? o yes o no Do you have a bleeding disorder? o yes o no

Medical History:

Cancer o yes o no Hepatitis o yes o no HIV/Aids o yes o no High Blood Pressure o yes o no
Heart Disease o yes o no Rheumatic Fever o yes o no Thyroid Disease o yes o no Seizures o yes o no
Other:_____

Health Care Providers Seen in Last Year: ☐ Medical Doctor ☐ Chiropractor ☐ Acupuncturist
☐ Dentist ☐ Naturopath ☐ Nurse ☐ Physical Therapist ☐ Psychotherapist ☐ Other _____

Please list the Name and daily Dosage of all the medications, herbs, and supplements you are currently taking:
_____
_____
_____
Surgeries/ significant dental work (type and date): _____
_____
Significant Trauma (auto accidents, falls, etc) _____
_____
Allergies (drug, chemical, food) _____
_____
Do you follow dietary restrictions? o yes o no Please describe: _____

General:

- o Poor appetite
- o Fevers
- o Sweat easily
- o Localized weakness
- o Bleed or bruise easily
- o Peculiar tastes or smells
- o Strong thirst (hot or cold)
- o Thirst, no desire to drink
- o Sudden energy drop- what time of day?____
- o Insomnia or other sleep problems
- o Chills
- o Tremors
- o Fatigue
- o Night sweats
- o Cravings
- o Change in appetite
- o Weight gain
- o Weight loss

Skin and Hair

- o Rashes
- o Itching
- o Dandruff
- o Ulcerations
- o Eczema
- o Loss of hair
- o Hives
- o Pimples
- o Recent moles
- o Other hair or skin problems:

Head, Eyes, Ears, Nose & Throat

- o Dizziness
- o Poor vision
- o Cataracts
- o Spots in front of eyes
- o Dry eyes
- o Eye strain
- o Eye pain
- o Color blindness
- o Night blindness
- o Blurry vision
- o Earaches
- o Ringing in ears
- o Poor hearing
- o Tooth problems
- o Jaw clicks
- o Pain when chewing
- o Grinding teeth
- o Sinus problems
- o Nose bleeds
- o Migraines
- o Concussions
- o Recurrent sore throats
- o Sores on lips or tongue
- o Headaches. Where and when? _____ _____
- o Other head or neck problems

Cardiovascular:

- o High blood pressure
- o Irregular heartbeat
- o Cold hands or feet
- o Blood clots
- o Low blood pressure
- o Dizziness
- o Swelling of hands/feet
- o Chest pain
- o Fainting
- o Difficulty breathing

Other heart or blood vessel problems_____

Respiratory

- o Cough
- o Bronchitis
- o Difficulty breathing when lying down
- o Production of Phlegm what color? _____
- o Coughing of blood
- o Pneumonia
- o Asthma
- o Pain with breathing
- o Other lung problems_____ _____ _____

Gastrointestinal

- o Nausea
- o Constipation
- o Black stools
- o Bad breath
- o Abdominal pain or cramping
- o Chronic laxative use
- o Vomiting
- o Gas
- o Blood in stools Rectal pain
- o Diarrhea
- o Belching
- o Indigestion
- o Hemorrhoids

Other stomach or intestinal problems

_____
_____

Genito-Urinary:

- o Pain with urination
- o Urgency to urine
- o Decrease in flow
- o Frequent urination
- o Unable to hold urine
- o Impotency
- o Kidney stones
- o Sores on genitals
- o Other genital or urinary problems

_____
_____

Do you wake up to urinate?_____
If so, how often?_____
Color of urine?

_____

Pregnancy and Gynecology:

- o Number of pregnancies _____
- o Number of births _____
- o Premature births _____
- o Miscarriages _____
- o Abortions _____
- o Age at first menses _____
- o Days between periods _____
- o Duration of period _____
- o Date of last period _____
- o Usual character to flow (heavy or light)
- o Painful periods
- o Vaginal discharge
- o Changes in body/psyche prior to period
- o Clots
- o Vaginal sores
- o Irregular period
- o Last PAP _____
- o Breast lumps
- o Do you practice birth control? _____

What type, and for how long?

_____

Musculo-skeletal

- o Neck pain
- o Back pain
- o Hand/wrist pain
- o Muscle pain
- o Shoulder pain
- o Knee pain
- o Muscle weakness
- o Foot/ankle pain
- o Hip pain
- o Other types of muscle pain

_____
_____

Neuropsychological

- o Seizures
- o Areas of numbness
- o Concussion
- o Bad temper
- o Dizziness
- o Lack of coordination
- o Depression
- o Easily susceptible to stress
- o Loss of balance
- o Poor memory
- o Anxiety

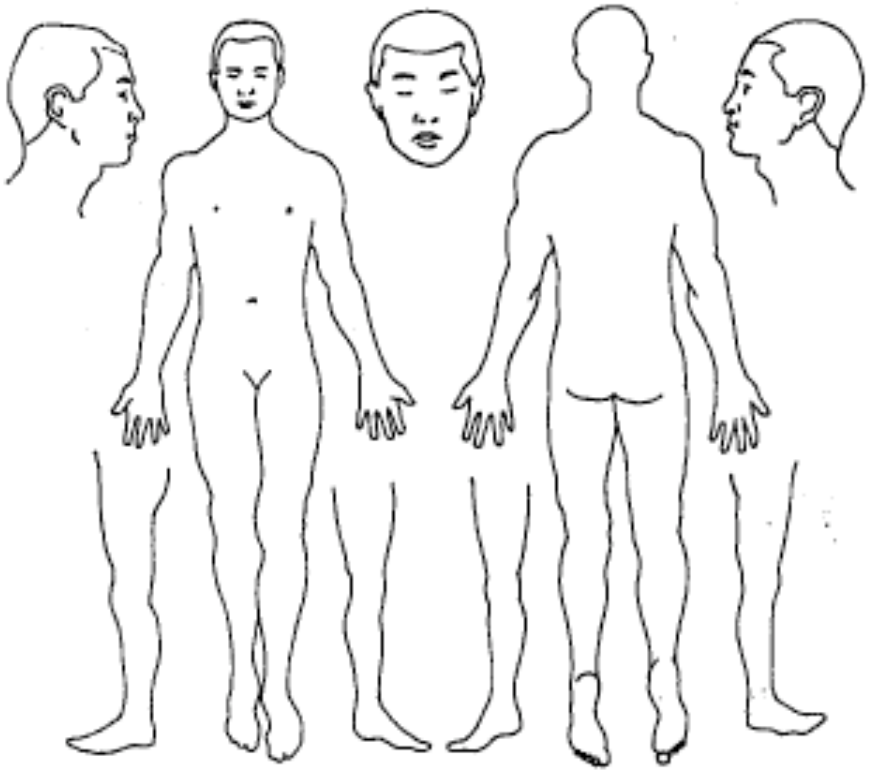
Other neurological or psychological problems

_____
_____

Please note the severity of your problem <u>at this time</u>:

No problem — Worst

Please indicate painful or distressed areas:



Please note the greatest degree of severity of your problem within the <u>past week</u>:

No problem — Worst imaginable

Is there anything else we should know:

NOTIFICATION OF SCOPE OF PRACTICE

ACUPUNCTURIST NAME: Steven Stigler, L.Ac. (license: AC00002927) & Ann Fritts, L.Ac. (license: AC00002571)

Education: Masters of Acupuncture and Oriental Medicine from the Seattle Institute of Oriental Medicine

The WA state Department of Health requires East Asian Medicine Practitioners to inform patients of the practitioners' scope of practice and qualifications. (18.06.130 RCW / 246-803-300 WAC)

East Asian medicine means a health care service using East Asian medicine diagnosis and treatment to promote health and treat organic or functional disorders.

The scope of practice for an East Asian Medicine Practitioner in the state of Washington includes the following:

(a) Acupuncture, including the use of acupuncture needles or lancets to directly or indirectly stimulate acupuncture points and meridians;

(b) Use of electrical, mechanical, or magnetic devices to stimulate acupuncture points and meridians;

(c) Moxabustion;

(d) Acupressure;

(e) Cupping;

(f) Dermal friction technique;

(g) Infra-red;

(h) Sonopuncture;

(i) Laserpuncture;

(j) Point injection therapy (aquapuncture); and

(k) Dietary advice and health education based on East Asian medical theory, including the recommendation and sale of herbs, vitamins, minerals, and dietary and nutritional supplements;

(l) Breathing, relaxation, and East Asian exercise techniques;

(m) Qi gong;

(n) East Asian massage and Tui na, which is a method of East Asian bodywork, characterized by the kneading, pressing, rolling, shaking, and stretching of the body and does not include spinal manipulation; and

(o) Superficial heat and cold therapies.

INFORMED CONSENT TO TREATMENT

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, moxabustion, 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 moxabustion 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. Electrical stimulation may interfere with pacemakers. I will inform my acupuncturist if I have a pace maker.

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 that North Peninsula Acupuncture PLLC is the private practice of Steve Stigler, L.Ac. and Ann Fritts, L.Ac., husband and wife. Although they provide care in a collaborative environment with various healthcare providers, North Peninsula Acupuncture PLLC is solely responsible for the actions of its providers, employees, and contractors.

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

North Peninsula Acupuncture PLLC Financial Policy

Insurance Billing

When you come in for a treatment, we submit a claim to your insurance company with individual procedure codes that reflect services performed during that visit. Each insurance company decides what they allow for these codes and whether they bundle them together or pay for them individually. The following are typical codes billed for an acupuncture visit. They fall into three categories.

1. Evaluation and management codes (99202/99203/99212/99213) are codes billed for an "office visit". They are the same codes billed by medical doctors for a typical doctor visit. We bill an office visit code for the first visit, if we have not seen you in a while, if your condition significantly changes, you have a new condition, or we feel the need to "re-evaluate" you. The industry standard is to re-evaluate every 3 to 5 visits. We do this less frequently, typically every 6-12 visits.

2. Acupuncture codes (97810, 97811, 97813, 97814) are codes used for billing acupuncture. A typical treatment is billed as two acupuncture codes, the equivalent to 30 minutes face time.

3. Physical medicine codes (97140 for manual therapy, 97026 for infrared heat, 97124 for massage) are codes used by many health care professionals (medical doctors, chiropractors, physical therapists, massage therapists) for physical medicine. We may bill for these services when they are used as a complement to acupuncture.

A typical first visit is billed as follows: 1 evaluation code + 2 units of acupuncture.

A typical charge for a first office visit is approximately $135-150. Typical insurance allowable for first visit ranges from $100 to $130.

A typical follow up visit is billed as follows: 2 units of acupuncture

A typical charge for a follow up visit is $85-90. Typical insurance allowable is $60-$80.

For complicated treatments, or treatments addressing multiple complaints, a third acupuncture unit may be billed.

Physical medicine codes may be billed to complement acupuncture.

Asking your insurance company how they process each of the three code types above, for a visit with an acupuncturist, will give you the best idea of your out of pocket costs per treatment. You may request that we avoid certain procedures or inform you before we perform them. Otherwise, we will perform what we feel is the best and most appropriate treatment at the time of service and bill appropriately.

More specifically, you might ask whether these three code types are:

a. subject to deductible

b. subject to a copay. If so, what dollar amount?

c. subject to coinsurance. If so, what percentage?

We do our best to know all this information and we do for many policies. However, due to the great number of individual and group policies, it is nearly impossible for us to know how insurance will process claims in every situation. If you do ask your insurance company these questions, it is helpful to us if you bring this information to your first appointment.

We are contractually bound with each insurance company to collect copay, coinsurance, and deductible from each patient. In the case of patients' refusal to pay these charges, we will have no option but to send these charges to collections.

For those who pay for treatment at the times of service, we offer a Time of Service Discount.

We offer a time of service discount for payment in full at time of service. This is available to all patients with or without insurance. We justify this discount because it saves us administrative time and money.

Additional discounts are available for those who have Medicaid, Apple Health, and financial hardship.

Missed Appointment & Late Cancellation Charge

We charge a $30 missed appointment & cancellation charge when patients either "no show" an appointment or fail to provide 24 hour notice for cancellations. This fee covers our business overhead for the empty slot created in our schedule.

By signing this form you agree to pay for each treatment in full (unless discounted or written off by your insurance company), pay the no show/late cancellation charge when appropriate, and you authorize us to bill insurance when applicable.

HIPAA Notification of Privacy Practices for North Peninsula Acupuncture PLLC

Privacy Officer: Steve Stigler, L.Ac, EAMP

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.

How we communicate

We communicate with you via telephone:

- We may call the telephone numbers (including cell phone) you have provided us to communicate with you. This may include leaving messages on your voicemail or with individuals who answer the phones with basic information regarding your care (example: appointment reminder calls). We will respect your privacy at all times and never disclose personal health information.

We communicate with you via e-mail:

- Appointment notifications/reminders
- E-mail invoices & statements
- E-mail information about our practice or news relevant to you and your care. For example, if we move locations, make changes to our consent forms, services we offer, or other significant news.

***note: we use an encrypted e-mail server for e-mail. We will not include personal health information in an e-mail unless additional security measures are in place. Typical information included in e-mails: your name, address, billing statements, and other information we might want to share.

We communicate via text message:

- Appointment notifications/reminders
- Communicate with you when text message seems to be the most appropriate way to do so.

I would like communication from North Peninsula Acupuncture, PLLC, restricted in the following way:

_____

Ask us to limit what we use or share

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.

We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting us using the information on page 1.

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Signature Lines

I have received the following consent forms for North Peninsula Acupuncture, PLLC. I have read, understand, and agree to them:

Notification of Scope of Practice initials _____

Informed Consent to Treatment initials _____

Financial Policy initials _____

HIPAA Notification of Privacy Practices initials _____

PATIENT / GUARDIAN NAME: _____

PATIENT/ GUARDIAN SIGNATURE:_____ DATE:_____