



Welcome to Our Community!

Please take a minute to read this introduction to our clinic and to our community. We are delighted that you are interested in joining us!

What is different about Tucson Community Acupuncture?

We treat in a community setting

Most U.S. acupuncturists treat patients on tables in individual cubicles. This is not traditional in Asia, where acupuncture usually occurs in a community setting. In our clinic we primarily use recliners, in a large, quiet, soothing space. Treating patients in a community setting has many benefits: it's easy for friends and family members to come in for treatment together; many patients find it comforting, as the collective energy nurtures the entire group. In some styles of acupuncture, the needles are removed after only a few minutes or after a half hour at most. The style of acupuncture we practice at TCA allows patients to receive treatment for as long as they want. Most people learn after a few treatments when they feel "done" – this can take from twenty minutes to an hour or more. Many people fall asleep and wake feeling refreshed.

We have a sliding scale

Most U.S. acupuncturists also see only 1-2 patients per hour and charge \$60 to \$175 per treatment. They tend to spend a long time talking with each patient, going over medical records, asking many questions. We don't. The only way that we can make acupuncture affordable and still make a living ourselves is to streamline our treatments and see multiple patients in an hour, so we have returned to the traditional approach. Instead of asking you tons of questions, we focus on the most important information and on our diagnostic skills to decide how to treat you. This is exactly how acupuncture is practiced traditionally in Asia – many patients per hour and very little talking.

Please see the enclosed form that explains our sliding scale. Because we have a sliding scale, we cannot do insurance billing (that's the insurance companies' rule). If you have insurance that covers acupuncture with any provider, we'll be happy to give you a payment receipt that you can submit for reimbursement.

TCA does not receive grants, state or federal money, or insurance reimbursement. TCA exists because patients pay for their treatments – it is a sustainable community business model.

Our Commitment to You

We want to make it possible for you to receive acupuncture regularly enough and long enough to get better and stay better. We want our community to be welcoming to all different kinds of people. We want to give you the tools to take care of your own health so that you will not need to rely on corporations like Big Insurance or Big Pharmaceuticals for costly, high-tech interventions. We will provide a safe environment with skilled practitioners.

What We Need From You

Responsibility

TCA does not provide primary care medicine! Acupuncture is a wonderful complement to Western medicine, but it is not a substitute for it. If you think you have a problem that is not "garden variety" (meaning, you are worried that you might have a serious infection, a malignant growth, or an injury that won't heal), or if you want someone knowledgeable to go over the details of your medical history with you, you need to see a primary care physician (ND, MD, or DO). We are continually on the look out for affordable primary care providers and can refer you to those we know about. But you cannot expect us to diagnose and treat something really serious. We *can* provide complimentary care for conditions that require a physician's attention – for instance, we often treat patients for the side effects of chemotherapy. But we need you to take responsibility for your own health.

Flexibility

The community setting requires some flexibility from you. For instance, many patients have a favorite recliner. When we are busy, someone may be sitting in yours. Similarly, we have a few patients who snore. Other patients who dislike snoring bring earplugs to their treatments. We are grateful for this! Some of our patients even bring favorite pillows or blankets from home with them, because they prefer theirs to ours. That's fine with us. Basically, we need you to participate in making yourself comfortable in the community room before we arrive to treat you.

In terms of how long you want to stay – let the acupuncturist know if you need to be somewhere at a certain time. We'll make sure you're out on time. In general, if you feel done, open your eyes and give us a meaningful look – if your eyes are closed, we think you're asleep and we won't wake you up.

Community-Mindedness

The soothing atmosphere in our clinic exists because all of our patients create it by relaxing together. We appreciate everyone's presence! This kind of collective stillness is a rare and precious thing in our rushed and busy society. Maintaining this reservoir of calm requires that no one talk very much in the clinic space. If you would like to speak to a practitioner one-on-one at any length, please let us know. If you want to have a substantial conversation, we will probably need to schedule that separately and might need to do it by phone.

If you have questions about acupuncture and how it works – please look at the books provided in the reception area. Unfortunately, we can't explain what every point does, or how acupuncture works, while we are treating you – these are very large topics! If you have questions, we'll happily give you plenty to read!

Part of our success is that our patients learn the “routine” and take on a lot of responsibility for the appointments. Re-scheduling and making payment happens at the front desk BEFORE each treatment, so you can relax and enjoy treatment. Please take all personal belongings into the treatment room and place them in the bin beside your chair. For your safety, **shoes must be worn at all times when walking in the clinic**, please only remove your shoes once you are seated. And of course, please **turn off your cell phone** before entering the treatment room.

Commitment

Acupuncture is a PROCESS. It is very rare for any acupuncturist to be able to resolve a problem with one treatment. In China, a typical treatment protocol for a chronic condition could be acupuncture every other day for three months! Most of our patients don't need that much acupuncture, but virtually every patient requires a course of treatment, rather than a single treatment, in order to get what they want from acupuncture.

One big reason that we are able to keep our prices so low is because of the extraordinary amount of marketing our patients do on our behalf – we don't have to advertise. We cannot express how grateful we are for this. Our patients are such effective marketers because they have first-hand experience of how well acupuncture works. All of our satisfied patients basically made a commitment to a course of treatment.

On your first visit, your acupuncturist will suggest a course of treatment, which can be anything from “we'd like to see you once a week for six weeks” to “we'd really like to see you every day for the next four days.” This suggestion is based on our experience with treating different kinds of conditions. If you don't come in often enough or long enough, acupuncture probably won't work for you. The purpose of our sliding scale is to help you make that commitment. If you have questions about how long it will take to see results, please ask us, or if you think you need to adjust your treatment plan, please let us know. We need you to commit to the process of treatment in order to get good results.

And, last, but not least...enjoy the space. We do, and hope that Tucson Community Acupuncture can be an important part of your community. Thank you,

Tucson Community Acupuncture Staff

Our Sliding Scale

Tucson Community Acupuncture provides high quality acupuncture treatment at affordable rates in a supportive community setting. Research in the United States (as well as thousands of years of tradition in Asia) has shown that acupuncture is most effective when it is done frequently and regularly—once a week is usually the minimum required to make progress on any kind of health problem.

The purpose of our sliding scale is to separate the issues of money and treatment; we want you to come in often enough to really get better and stay better! We do not ask for any sort of income verification. Please choose an amount that will enable you to get the amount of treatment you need.

New Patient Visit:

(includes \$10 paperwork fee)

\$25 – \$45

Return Visit:

\$15 – \$35

You decide what you can afford.



Tucson Community Acupuncture

2900 E. Broadway Blvd. Suite 170, Tucson, AZ 85716

520-881-1887 www.tucsoncommunityacupuncture.org

Health History Questionnaire and Registration

PATIENT INFORMATION	CONTACT INFORMATION														
<p>Date _____</p> <p>Name _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Age _____ Birth date _____</p> <p>Occupation _____</p> <p>Company name _____</p> <p>Primary physician _____</p> <p>Physician phone number _____</p> <p>How did you hear about us? _____</p>	<p>Home phone _____</p> <p>Work phone _____</p> <p>Other/cell phone _____</p> <p>Email _____</p> <p>Another person we may contact if needed:</p> <p>Name _____</p> <p>Relationship _____</p> <p>Home phone _____</p> <p>Work phone _____</p>														
HEALTH HISTORY															
<p>What are your primary concerns for coming in for treatment?</p> <p>1- _____</p> <p>2 - _____</p> <p>3 - _____</p> <p>How is your sleep? _____</p> <p>_____</p> <p>How is your digestion? _____</p> <p>_____</p> <p>Are you currently taking pain medication or blood thinners? (including aspirin) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>List medications or food supplements you are taking.</p> <p>_____</p> <p>_____</p> <p>List serious illnesses, accidents, or surgeries.</p> <p>_____</p> <p>_____</p> <p>List any known allergies. _____</p> <p>_____</p>	<p>How long has it been since you have had a complete medical exam? _____</p> <p>Check illnesses that have occurred in blood relatives.</p> <p><input type="checkbox"/> Diabetes <input type="checkbox"/> High blood pressure <input type="checkbox"/> Stroke</p> <p><input type="checkbox"/> Cancer <input type="checkbox"/> Heart disease <input type="checkbox"/> Kidney disease</p> <p>Check symptoms you have or have had in the last year:</p> <p><input type="checkbox"/> Depression</p> <p><input type="checkbox"/> Difficulty in focusing</p> <p><input type="checkbox"/> Dizziness</p> <p><input type="checkbox"/> Easily startled</p> <p><input type="checkbox"/> Excessive worry or fear</p> <p><input type="checkbox"/> Excessive anger or irritability</p> <p><input type="checkbox"/> Fatigue/tiredness</p> <p><input type="checkbox"/> Headaches</p> <p><input type="checkbox"/> Loss of sleep/poor sleep</p> <p><input type="checkbox"/> Loss or gain of weight</p> <p><input type="checkbox"/> Overwhelmed by life</p> <p>Check conditions you have or have had in the past:</p> <table border="0"><tr><td><input type="checkbox"/> Allergies</td><td><input type="checkbox"/> Head trauma</td></tr><tr><td><input type="checkbox"/> Anemia</td><td><input type="checkbox"/> Hepatitis (type _____)</td></tr><tr><td><input type="checkbox"/> Arthritis</td><td><input type="checkbox"/> HIV/AIDS</td></tr><tr><td><input type="checkbox"/> Bleeding disorder</td><td><input type="checkbox"/> Migraine headaches</td></tr><tr><td><input type="checkbox"/> Breast lump</td><td><input type="checkbox"/> Pacemaker</td></tr><tr><td><input type="checkbox"/> Cancer _____</td><td><input type="checkbox"/> Seizure</td></tr><tr><td><input type="checkbox"/> Diabetes</td><td><input type="checkbox"/> Stroke</td></tr></table>	<input type="checkbox"/> Allergies	<input type="checkbox"/> Head trauma	<input type="checkbox"/> Anemia	<input type="checkbox"/> Hepatitis (type _____)	<input type="checkbox"/> Arthritis	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Bleeding disorder	<input type="checkbox"/> Migraine headaches	<input type="checkbox"/> Breast lump	<input type="checkbox"/> Pacemaker	<input type="checkbox"/> Cancer _____	<input type="checkbox"/> Seizure	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Stroke
<input type="checkbox"/> Allergies	<input type="checkbox"/> Head trauma														
<input type="checkbox"/> Anemia	<input type="checkbox"/> Hepatitis (type _____)														
<input type="checkbox"/> Arthritis	<input type="checkbox"/> HIV/AIDS														
<input type="checkbox"/> Bleeding disorder	<input type="checkbox"/> Migraine headaches														
<input type="checkbox"/> Breast lump	<input type="checkbox"/> Pacemaker														
<input type="checkbox"/> Cancer _____	<input type="checkbox"/> Seizure														
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Stroke														

HEALTH HISTORY...CONTINUED

Check symptoms you have or have had in the last year:

MUSCLE/JOINT/BONES

- Tremors
- Swollen joints
- Cramps

Pain, weakness, numbness in: (indicate side of body)

- Arm
- Wrist
- Hand
- Elbow
- Shoulder
- Other _____
- Leg
- Ankle
- Knee
- Hip
- Back
- Neck

EYES/EAR/NOSE/THROAT/RESPIRATORY

- Asthma/wheezing
- Blurred or failing vision
- Difficulty breathing
- Earache
- Enlarged glands
- Eye pain
- Frequent colds
- Hay fever
- Hoarseness
- Gum trouble
- Nose bleeds
- Loss of hearing
- Persistent cough
- Ringing in ears
- Sinus problems

SKIN

- Boils
- Bruise easily
- Dry skin
- Itching/rash
- Sensitive skin
- Sore won't heal
- Sweats

GENITO/URINARY

- Bladder or urinary tract infection
- Blood/pus in urine
- Frequent urination
- Inability to control urine
- Kidney infection/stones
- Lowered libido

CARDIOVASCULAR

- Chest pain
- Hardening of arteries
- High or low blood pressure
- Pain over heart
- Poor circulation
- Previous heart attack
- Rapid/irregular heart beat
- Swelling of ankles

GASTROINTESTINAL

- Belching, gas or bloating
- Colon trouble
- Constipation
- Diarrhea
- Difficulty swallowing
- Excessive hunger
- Gall bladder trouble
- Hemorrhoids (piles)
- Indigestion
- Nausea
- Pain over stomach
- Poor appetite
- Vomiting

FOR MEN

- Erection difficulties
- Male infertility
- Penis discharge
- Prostate trouble

FOR WOMEN

- Bleeding between periods
- Clots in menses
- Excessive menstrual flow
- Infertility
- Irregular cycle
- Menopausal symptoms
- PMS
- Previous miscarriage
- Scanty menstrual flow
- Severe menstrual pain

Could you be pregnant? _____

SIGNATURE

The information on this form is correct to the best of my knowledge.

Signature _____ Date _____

Tucson Community Acupuncture

2900 E Broadway Blvd., Suite 170, Tucson, AZ 85716
520-881-1887 www.tucsoncommunityacupuncture.org

Cancellation Policy

Tucson Community Acupuncture strives to make our services available to as many people as possible, at the most affordable rates.

In respect for our intention to offer high quality health care at affordable prices, we ask for 24 hours advance notice if it is necessary to cancel or reschedule an appointment. This gives us time to fill the vacant slot in our schedule and helps us keep our rates affordable.

You may cancel or reschedule an appointment by phone or using our online appointment scheduler. You may also leave us a voice mail or send us an email outside of our regular business hours.

Please note that there is a **\$15 cancellation fee** for appointments that are cancelled or rescheduled with less than 24 hours advance notice and for missed appointments.

Thank you for your understanding,

Tucson Community Acupuncture Staff

I affirm that I have read this cancellation policy and am aware of the \$15 cancellation fee for late cancellations and missed appointments.

Signature _____

Date ___/___/___

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 licensed acupuncturists employed by Tucson Community Acupuncture 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 at Tucson Community Acupuncture.

I understand that the primary method of treatment is acupuncture, which involves the placement of thin needles at various locations in the body. If recommended by the acupuncturist, other treatment modalities may include, but are not limited to, Chinese herbal medicine, *Gua Sha* (stimulation or scraping of the skin), *Tui Na* (Chinese massage), moxibustion (warming of acupuncture points), cupping (vacuum pressure on the skin), electrical stimulation, and nutritional counseling.

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. A common side effect of *Gua Sha* and cupping is local discoloration of the skin lasting up to several days. 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.

If herbs are recommended, 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.

While any herbs and nutritional supplements (which are from plant, animal and mineral sources) that may be recommended are traditionally considered safe in the practice of Chinese Medicine, 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.

I understand that while this document describes the major risks of treatment, other side effect and risks may occur. I do not expect the clinical staff to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the clinical staff to exercise judgment during the course of treatment that 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.

PATIENT
SIGNATURE

X

DATE

(Or Patient Representative)

(Indicate relationship if signing for patient)