



## Informed Consent

I consent to receive acupuncture treatment and other procedures, including Chinese patent herbal medicine, moxibustion, Gua Sha, Tui Na, dry and wet cupping, and bloodletting from the acupuncturist.

I understand that acupuncture involves the insertion of fine needles at specific points on the body. Acupuncture is generally considered to be a very safe method of treatment, but I understand that side effects can occur, including bruising, bleeding, numbness or tingling near the needling sites that may last a few days, dizziness, and fainting. Extremely unusual risks of acupuncture include infection, spontaneous miscarriage, seizures, nerve damage, and organ puncture, including lung puncture (pneumothorax). We use sterile, single-use disposable acupuncture needles at all times.

Initial\_\_\_\_\_

Chinese patent herbal medicine is generally considered to be very safe, but I understand that herbs should be taken as directed by the acupuncturist. Some may be toxic in large doses or inappropriate during certain conditions such as pregnancy. I will immediately notify the acupuncturist if I experience any unpleasant side effects while taking herbs. Possible side effects of Chinese patent herbal medicine include nausea, gas, stomachache, vomiting, diarrhea, rashes, hives, and tingling of the tongue.

Initial\_\_\_\_\_

I understand that moxibustion involves burning small quantities of the herb mugwort on or above the skin. Possible side effects of moxibustion include burning and scarring.

Initial\_\_\_\_\_

Gua Sha is a traditional method in which the acupuncturist uses a smooth-edged tool to stroke the skin while they press on it. I understand this motion raises small, red, rash-like dots that show under your skin (petechiae). Although typically considered very safe, I understand Gua Sha may cause bruising or discoloration of the skin, and possible soreness and tenderness for a short while after treatment. I will notify my acupuncturist if I am taking Coumadin or another blood thinner/anticoagulant medicine.

Initial\_\_\_\_\_

Tui Na is a therapeutic form of massage that applies pressure to stimulate specific acupuncture points. Although Tui Na massage is generally safe and tolerable for most people, I understand it is not a gentle or relaxing massage it may cause some physical discomfort during or after a session, and although rare, slight bruising is possible.

Initial\_\_\_\_\_

Cupping is a therapy involving creating a suction force to pull blood into the skin. In dry cupping the acupuncturist heats the inside of each cup with an alcohol-soaked cotton ball that is set aflame or a suction device to remove air from the cups and create suction. In wet cupping, the acupuncturist uses a lancet to lightly puncture the skin before cupping and drawing out a small quantity of blood.



Marcela Fernandes, MSOM, Dipl. O.M. (NCCAOM)®, L.Ac.  
Acupuncture and Traditional Chinese Medicine

I understand that even though cupping is extremely safe, side effects may occur in the area where the cups touch your skin, including mild discomfort, mild itchiness, burns, bruises and skin infection. I understand that if skin does not look normal again within 10 days, I shall immediately notify my acupuncturist.

**Initial**\_\_\_\_\_

I understand bloodletting is a technique where the acupuncturists pricks an acupuncture point to draw small drops of blood. I understand this technique may cause mild discomfort, bruises and skin infection. I understand bleeding is contraindicated for certain conditions, and I shall notify my acupuncturists if I have diabetes, bleeding disorder, am pregnant or nursing or am taking Coumadin or another blood thinner/anticoagulant medicine.

**Initial**\_\_\_\_\_

I understand Marcela Fernandes provides acupuncture at Seva Yoga studio located at 23 Mountain Ave, Northwood, NH 03261, and/or at my home (home visits).

I understand that acupuncture is a process, and that results will be best when I receive acupuncture regularly and as frequently as my acupuncturist recommends. I understand that results are not guaranteed.

I understand that my acupuncturist does not provide primary care. Please see your medical doctor for allopathic care and routine check-ups. I will notify my acupuncturist if I am or become pregnant, have a bleeding disorder, pacemaker, high blood pressure, seizure disorder, local infection and are taking Coumadin or another blood thinner/anticoagulant medicine. By signing bellow, I state that I have informed my acupuncturist of such conditions and will notify them of any changes to these conditions.

I understand that my records will be kept confidential and will not be released without my written consent.

I have read this information (or had it read to me), and I have had an opportunity to ask questions. By signing below, I voluntarily give consent to receive acupuncture as treatment for my present condition and for any future conditions.

**Print Name:**

**Signature:**

**Date:**



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## Financial Policy

We offer a low-cost sliding scale acupuncture and traditional Chinese medicine treatment either at Seva yoga studio at 23 Mountain Ave, Northwood NH 03261, and/or at the patients' own home (home visits). Our fees are \$50 to \$100 for studio visits and \$60 to \$120 for home visits. We work hard and make it our mission to make acupuncture available to as many people as possible at the most affordable rates, so that more people can get as much acupuncture as they need.

Payment is expected at the time of booking. We accept credit or debit cards and do not take insurance. If you need to pay with cash or check, payment is due at the time of your appointment. If you need a receipt to submit to your insurance or simply a cash receipt, please let me know at the time of your appointment.

We reserve an appointment time for you, including driving time to your home (in case of home visits), and ask that you call or text if you cannot keep your appointment with at least 12 hours' notice.

**All appointments that are canceled with less than 12 hours' notice, or are missed altogether without letting us know, you will be charged a \$20 fee payable at the next visit.** Emergencies do happen, and are happy to consider these on a case by case basis.

I agree to the above policy.

Print Name:

Signature:

Date:



## New Patient Intake Form

Patient Information	Contact Information														
<p>Today's Date: Name: _____ (First) (Middle) (Last) Preferred name: Date of birth: Preferred pronouns (optional): Occupation: Primary care provider: Have you had acupuncture before? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Address: City: _____ State: _____ Zip: _____ Phone: Email: Emergency contact: Name: Relationship: Cell phone:</p>														
Health History															
<p>Primary reasons for coming in for treatment: 1. 2. 3. How long have you had this condition(s)?  Is it getting worse?  What makes it better? (heat, cold, damp, exercise/activity, rest, sleep, etc.)  What makes it worse? (heat, cold, damp, exercise/activity, rest, sleep, etc.)  Other current therapies  Circle intensity of complaint  <table style="margin-left: 40px;"> <tr> <td style="text-align: left;">none</td> <td style="text-align: right;">worst</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">10</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> <tr> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">7</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">9</td> <td style="text-align: center;">10</td> </tr> </table>  How is your sleep? How is your digestion? How often do you move your bowels? With Ease? List any medications or food supplements you are taking.  List significant and/or chronic illnesses, accidents or surgeries.</p>	none	worst	0	10	1	2	3	4	5	6	7	8	9	10	<p>Check symptoms you have or have had in the last year:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Depression</li> <li><input type="checkbox"/> Difficulty focusing</li> <li><input type="checkbox"/> Dizziness</li> <li><input type="checkbox"/> Easily startled</li> <li><input type="checkbox"/> Excessive worry and/or fear</li> <li><input type="checkbox"/> Excessive anger</li> <li><input type="checkbox"/> Fatigue/tiredness</li> <li><input type="checkbox"/> Loss of sleep/poor sleep</li> <li><input type="checkbox"/> Nervousness/irritability</li> <li><input type="checkbox"/> Overwhelmed by life</li> </ul> <p>Check any other areas of concern you have other than your primary reasons for coming:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Muscle/joint/bone</li> <li><input type="checkbox"/> Eyes/ears/nose/throat/respiratory</li> <li><input type="checkbox"/> Skin related issues</li> <li><input type="checkbox"/> Genito/urinary</li> <li><input type="checkbox"/> Cardiovascular</li> <li><input type="checkbox"/> Gastrointestinal</li> <li><input type="checkbox"/> Menstrual related issues</li> <li><input type="checkbox"/> Sexual/reproductive</li> </ul> <p>When was your last menstrual cycle?  Are you pregnant?  Is there anything else you would like us to know about you?</p>
none	worst														
0	10														
1	2														
3	4														
5	6														
7	8														
9	10														
<p>The information in this form is correct to the best of my knowledge.</p> <p>Signature: _____ Date: _____</p>															