



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

## Welcome to SEVA Yoga Community Acupuncture!

We are excited that you have decided to try acupuncture with us. Here is some information you should know: Community acupuncture is offered twice a month on the first and third Saturday of every month from 1pm to 4pm.

### About acupuncture

Acupuncture is one of the oldest forms of healthcare that works by inserting fine needles into specific points, with the goal of alleviating symptoms and maintaining health. Acupuncture stimulates the body's ability to self-heal and self-regulate. This means it can treat a wide range of conditions without major negative side effects.

### About the community setting

Community acupuncture is a way of practicing acupuncture with the goal of reaching as many people as possible. Community acupuncture treatments are offered in a setting where multiple patients receive treatment at the same time in a common room.

We ask that you bring your yoga mats and any comfortable props you would like. You are welcome to bring your own neck pillows or blankets. Please wear loose and comfortable clothing. You can leave your shoes and socks at the door.

Once you set your mat in your favorite spot, we will generally ask you to roll your pants up to your knees and your sleeves up to your elbows.

Most conversations happen at the whisper level because there will most likely be at least another person who is asleep in the treatment room.

After the acupuncturist places the needles, your job is to relax. You can stay for as long as you would like. Most people stay between 40 minutes and one hour. Once you are ready to go, open your eyes and give the acupuncturist a meaningful look when they walk through the treatment room (we walk through the room about every 10 minutes), and we'll come over to remove the needles.

While there is background music in the treatment room, patients do occasionally snore. You are welcome to bring earplugs (if the snoring bothers you), or your own listening devices to listen to your own music or guided meditation.

### Sliding Scale

The purpose of the sliding scale (\$15 to \$45 per visit) is to make sure you can get enough acupuncture to get optimal results. Please don't try to pay us more and then not come in often enough. We would rather you come in more often and pay less. Our goal is for you to get the best results, and that often takes a series of treatments. If you are having financial difficulties in maintaining your treatment plan, please talk to your acupuncturist.

*The presence of people who are focused inwards help others do the same. Similarly to yoga classes or group meditations, there is peace and healing in group practices. Experiences are better when shared.  
We are happy you are here!*



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## Community Acupuncture Informed Consent

I consent to receive acupuncture treatment 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\_\_\_\_\_

I understand Marcela Fernandes provides acupuncture treatments at Seva Yoga studio located at 23 Mountain Ave, Northwood, NH 03261.

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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## Community Acupuncture Financial Policy

We offer a low-cost sliding scale acupuncture treatment at Seva yoga studio at 23 Mountain Ave, Northwood NH 03261. Our fees are on a sliding scale of \$15 to \$45 per visit. 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, 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:</p> <p>Name: _____ (First) (Middle) (Last)</p> <p>Preferred name:</p> <p>Date of birth:</p> <p>Preferred pronouns (optional):</p> <p>Occupation:</p> <p>Primary care provider:</p> <p>Have you had acupuncture before? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Address:</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone:</p> <p>Email:</p> <p>Emergency contact:</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Cell phone: _____</p>
Health History	
<p>Primary reasons for coming in for treatment:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>How long have you had this condition(s)? _____</p> <p>Is it getting worse? _____</p> <p>What makes it better? (heat, cold, damp, exercise/activity, rest, sleep, etc.) _____</p> <p>What makes it worse? (heat, cold, damp, exercise/activity, rest, sleep, etc.) _____</p> <p>Other current therapies _____</p> <p>Circle intensity of complaint</p> <p style="text-align: center;">none <span style="float: right;">worst</span></p> <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9 10</p> <p>How is your sleep? _____</p> <p>How is your digestion? _____</p> <p>How often do you move your bowels? With Ease? _____</p> <p>List any medications or food supplements you are taking. _____</p> <p>List significant and/or chronic illnesses, accidents or surgeries. _____</p>	<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? _____</p> <p>Are you pregnant? _____</p> <p>Is there anything else you would like us to know about you? _____</p>
<p>The information in this form is correct to the best of my knowledge.</p> <p>Signature: _____ Date: _____</p>	