

Full Name: _____ **Date of Birth:** ____ / ____ / ____

Preferred Name: _____ Pronouns (any that apply): he/him she/her they/them

Contact Preference: Phone Email other pronouns: _____

Phone: _____ - _____ - _____ Email: _____

Your email address will only be used to contact you about your appointments and send you the clinic newsletter (1-2 times per month). We never share your email with any third party and you can unsubscribe from the newsletter anytime.

How did you hear about our clinic? _____

Emergency Contact Name: _____ Phone: _____ - _____ - _____

Acupuncture Experience

Have you tried acupuncture? Yes No Type(s) of Acupuncture: Community Private

When was your most recent acupuncture session? _____

Are you needle-sensitive or anxious about needles? Yes No Not Sure

Describe (if applicable): _____

Have you tried cupping? Yes No Have you tried Chinese herbs? Yes No

Have you tried Asian medical massage (e.g. Tui Na or Shiatsu)? Yes No

Note: cupping, Asian massage, and Chinese herbal medicine are additional services we offer. We might recommend one or more, depending on your specific health concerns. There is never any pressure or requirement to utilize these services.

Health Information

What are you seeking support for? (Describe in as much detail as feels comfortable): _____

If there are areas of your body that you'd prefer we avoid, please list (no need to explain): _____

(Optional) Describe any other health history or concerns that aren't captured above (You can include prior injuries, surgeries, and/or other traumas; chronic/recurring health conditions; other treatment modalities you're currently receiving (e.g., physical or occupational therapy, mental healthcare, etc.); things you want to prevent; and/or relevant family history):

INFORMED CONSENT TO TREATMENT

Review carefully, ask the practitioner on duty any questions, then initial each section to acknowledge and sign below.

_____ I hereby authorize acupuncturists at Sarana Community Acupuncture (hereafter SCA), licensed in the State of California, to perform treatments included within the scope of the practice of acupuncture (e.g., acupuncture, cupping, Asian massage, herbal therapy, etc.) for me (or for the patient named below, for whom I am legally responsible). Additionally, I authorize massage therapists employed by SCA to perform Asian massage and cupping treatments. This authority shall extend to remedying any unforeseen conditions or reactions to treatment(s).

I understand that acupuncturists and massage therapists are not providing Western medical care and that acupuncture and massage are not replacements for Western medical treatment and/or diagnosis. I understand that services at SCA include the practice of healthcare delivery, diagnosis, consultation, treatment, and education. I understand that receiving services also involves the communication of my medical information—including my physical, mental, and/or emotional health status—to my practitioner(s) and I agree to inform my practitioner(s) of all health issues and medication changes during the course of treatment.

Disclosures

_____ I understand that, while SCA makes every effort to reduce the presence of known allergens, it is not possible to eliminate the risk of exposure in a shared space. If I have any known allergies or sensitivities (e.g., metals, cleaning products, etc.), I will notify my practitioner(s) immediately if I believe I am being exposed to allergens.

I understand that Asian massage and/or cupping therapy given at SCA is for the purpose of increasing circulation and energy flow, relief from muscular tension, and/or stress reduction. I will immediately inform the practitioner if I experience any pain or discomfort during treatment sessions so that the massage pressure or cupping suction level may be adjusted to my level of comfort.

I understand that any illicit, sexually suggestive remarks, or advances made by me will result in immediate termination of services.

I agree to contact SCA immediately if I experience any problem which I associate with my acupuncture, Asian massage, cupping, and/or herbal therapy treatments and I will seek immediate help from a physician/hospital if I experience a medical emergency.

Pregnancy and Breastfeeding

_____ I understand that some acupuncture points and certain herbs may be inappropriate during pregnancy and breastfeeding. I will notify my acupuncturist(s) if I am or become pregnant and/or if I am or begin breastfeeding.

Potential Benefits and Risks

_____ I understand that treatments at SCA are provided using methods recognized as generally safe, that side effects are a risk of any treatment, and that my practitioner(s) will take appropriate precautions to minimize risks. I recognize the potential benefits and risks of these procedures, as described below:

POTENTIAL BENEFITS: I understand that I may experience relief of symptoms, improved sense of well-being, reduced stress, and an overall balance of bodily energies, which may lead to prevention or elimination of my main complaint(s).

ACUPUNCTURE POTENTIAL RISKS: I understand uncommon but possible side effects of acupuncture may include: mild pain or soreness, temporary bruising / swelling, sensations of heat / cold / tingling / numbness, skin irritation, or slight bleeding at needling site(s); generalized fatigue; and/or temporary aggravation of symptoms. I understand that infection at needling site(s) is a potential risk, although the risk is very low because SCA uses only sterile disposable needles and maintains a clean and safe environment. I understand other rare side effects of acupuncture may include dizziness, nausea, and/or fainting, and that spontaneous miscarriage, nerve damage, and organ puncture—including lung puncture (pneumothorax)—are extremely rare side effects.

ASIAN MASSAGE AND CUPPING POTENTIAL RISKS: I understand that Asian massage and cupping may result in temporary tenderness or soreness, and cupping may result in red and/or purple skin marks / discoloration, which typically fade within 7-10 days.

CHINESE HERBS POTENTIAL RISKS: I understand uncommon but possible side effects of Chinese herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue. I understand that herbs and herbal formulas need to be prepared and consumed according to the instructions of my acupuncturist(s) and I will stop taking any herbs/formula(s), and notify SCA, in the event of any unpleasant effects or adverse reactions associated with consumption of recommended herbs/formula(s).

I understand that herbs (which may be from plant, animal, and/or mineral sources) are generally considered safe in the practice of Acupuncture and Herbal Medicine, although some may be toxic in large doses. **I will inform my acupuncturist(s) about any known substance allergies, food sensitivities, and/or dietary restrictions prior to herbal prescription. I will inform my acupuncturist(s) about any other medications and/or supplements I am taking prior to herbal prescription.**

_____ I understand that, while this document describes the major risks of treatment, other risks may exist. I do not expect the clinical staff of SCA to be able to anticipate and/or explain all possible risks and complications of treatment and I wish to rely on the exercise of their professional judgment during the course of treatment, based upon facts then known, in my best interest.

I voluntarily consent to the above procedures and I understand there is no implied or stated guarantee of success or effectiveness of a specific treatment, or series of treatments, in the improvement of my condition(s). I understand that I am free to withdraw my consent and to discontinue participating in these procedures at any time.

I have read, understood, and hereby agree to the Informed Consent for Treatment above.

Signature: _____ **Date:** ____ / ____ / _____

Printed Name: _____ **Relationship to Patient:** Self Authorized Representative

Patient's Name (if different): _____ **Date of Birth:** ____ / ____ / _____

FINANCIAL POLICIES

We are a community-supported clinic with the goal to make acupuncture, cupping, herbal therapy, and Asian massage accessible at affordable rates to as many people as possible. We accept cash, personal checks, cards issued by Visa, MasterCard, and Discover (including debit and HSA/FSA cards), and most virtual wallets (e.g., Apple Pay and Google Pay).

How the Sliding Scale Works

You decide what you can sustainably afford to pay within the sliding scale in order to get the frequency of care you need. It's normal for the amount you can afford sustainably to vary, as both health and financial situations fluctuate. There is never any pressure to pay a certain amount and **no income or eligibility verification of any kind is ever required**. If the sliding scale represents a financial hardship, please speak to one of our acupuncturists about below sliding scale options. Below sliding scale rates, discounted rates, and specials / promotional rates are for ACUPUNCTURE ONLY and cannot be applied to other services.

Our Fee Structure

- **Returning Patient Acupuncture: \$30-60 Sliding Scale**
- **New Patient Acupuncture: \$40-70 Sliding Scale** (first visit must be acupuncture)
 - New Patient Welcome Pack: purchase 2 additional treatments within one month of the first visit for \$50
- **Other Acupuncture Rates** (below sliding scale rates ONLY apply to acupuncture)
 - Minor/child: \$1 per year of age of the minor/child
 - Veteran: \$15
 - Birthday: acupuncture treatment is FREE on your actual birthday only
 - People born on February 29th can receive free acupuncture on February 28th in years that do not have a 29th
- **Additional Services: \$40-70 Sliding Scale**
 - Cupping
 - Herbal Consultations (for custom granule formulas)
 - East Asian Massage (Tui Na, Shiatsu, etc)
- **Herbs & Formulas**
 - Herbal products (including tablets, custom formulas, moxibustion supplies, and topical treatments): our cost plus sales tax and a small prescription fee
 - Shipping costs for custom formulas and special orders may apply
- **Other Fees**
 - Missed Appointments (No-Shows and Late Cancellations): \$15
 - Records Request: \$15-30
 - Returned Check: as assessed by the bank, \$15 minimum

Refund Policy

Purchases at Sarana Community Acupuncture, including treatment fees, are non-refundable. **Retail items, including herb tablets and granules, cannot be returned or exchanged.** The dollar value of treatments purchased at Sarana Community Acupuncture never expires and can be used towards purchase of any treatment(s) or retail item(s), or payment of fees.

Appointment Changes and Missed Appointments

If you are unable to make it to your appointment, **we require a minimum of 12 hours notice** for any changes or cancellations, in order to make the appointment slot available to another person. We depend on having a busy schedule in order to keep our treatment fees as low as possible. Missed appointments, which include both no-shows and late cancellations, impact our ability to operate sustainably and offer affordable care.

- No-shows: when you miss your appointment and do not contact the clinic beforehand
- Late cancellations: when you cancel or reschedule your appointment less than 12 hours before the appointment time

As long as you notify us, we will not charge for rescheduling or cancellation due to acute illness or emergency. **Missed appointments for other reasons are charged a flat \$15 fee.** You can pay the fee at your next visit or via the payment link on our website. You may use one of your prepaid treatments instead, if you prefer.

If you accrue a balance of three (3) or more missed appointment fees, you will not be able to book more appointments until your balance has been paid. If paying the full balance represents a hardship, let us know and we will discuss your options on a case-by-case basis. If you frequently miss appointments, we may require you to call about same-day appointment availability (instead of allowing you to book online). If this still results in missed sessions, we may not be able to offer you care.

I have read, understood, and hereby agree to the Financial and Scheduling Policies above.

Signature: _____ Date: ____ / ____ / _____

Credit Cards (optional)

I understand signing below means that my credit card information will be saved for future transactions and I hereby authorize Sarana Community Acupuncture, Inc. to charge my credit card for agreed upon purchases including, but not limited to, treatment fees and missed appointment fees. I understand I may cancel this authorization at any time by contacting Sarana Community Acupuncture. This authorization will remain in effect until cancelled.

I agree to store my credit card information securely.

Signature: _____ Date: ____ / ____ / _____

PRIVACY POLICY

I understand that treatments at SCA are conducted in a group setting. I understand that my conversations in the group treatment space may be overheard by others receiving treatment nearby. I understand that if I need to have a private conversation with a practitioner, it is best to do so by telephone or e-mail.

I understand that SCA will keep records of medical and other information concerning my treatment, that all my records will be kept confidential, and that my records will not be released without my written consent, except as required by law. I understand that SCA abides by state and federal regulations regarding patient privacy and that I can ask for more information regarding these regulations.

I understand that I have the right to request a copy of my medical records as maintained by SCA. I permit a copy of this authorization to be used in place of the original.

I have read, understood, and hereby agree to the Privacy Policy above.

Signature: _____ **Date:** ____ / ____ / _____

COMMUNITY GUIDELINES

Our clinic systems and policies are designed to keep our community safe and to maximize access to our services. By receiving treatment and services from SCA, you are agreeing to our community guidelines as outlined below. Having clear expectations and boundaries are important to us. If any of the SCA guidelines are unclear, please let us know!

First and foremost, we expect you to respect our clinic staff, volunteers, and other members of our community. This includes:

- **Respect Health and Safety**
 1. **Stay home if you are feeling ill** or suspect you might be coming down with something. Follow all instructions and/or SCA policies for infection prevention, including COVID-19 policies.
 2. **Arrive wearing a mask** and keep it on for your entire clinic visit. Wash and/or sanitize your hands frequently.
 3. DO NOT take your own needles out.
 4. Always wear shoes when walking through the clinic. Stay clothed, including keeping your shirt on.
 5. Avoid perfume/cologne, scented hair and/or skin products, strong deodorant, and other items with fragrances when you come in for treatment. This includes products labeled as containing "natural" fragrances.
 6. Read our signs.
- **Respect Our Space**
 1. DO NOT move or turn recliners, massage tables, or other clinic furniture. DO NOT adjust any equipment.
 2. DO NOT place personal items on needling stations. Use the green bins to store your belongings.
 3. Silence your phone, including any timers, alarms, or other alerts that might override silent mode.
 4. Minimize talking in the treatment space and, where absolutely necessary, use your library voice.
- **Respect Privacy, Including Staff Privacy**
 1. **DO NOT comment on or ask about other people's treatments or health / circumstances, relationships, bodies and/or dietary choices.**
 2. Wait outside if the practitioner is speaking to someone else in the reception area.

Secondly, we expect you to manage the aspects of your experience within your control, including, but not limited to, the following:

- **Manage Your Time**
 1. Recognize that the practitioner on duty is also the person managing reception / front-desk duties. As such, it is unlikely someone will answer or return phone calls made during clinic hours.
 - If you have a time-sensitive inquiry, email is the best communication method.
 - If you want a call-back, state your name and number clearly in your voicemail and be patient.
 2. Arrive on time, and no more than 5 minutes before your appointment time.
 - The clinic generally opens 5-10 minutes before the start of the shift.
 - If you arrive early, you may be asked to wait outside.
 - If you arrive late, you may be asked to reschedule your appointment and you may be required to pay the missed appointment fee, per our Financial Policies.
 - Parking can be challenging. Be sure to account for that.
 3. Our default acupuncture treatment time is one (1) hour after needles are inserted. If you need or want a different treatment duration, tell the practitioner on duty.
- **Manage Your Stuff**
 1. Bring minimal belongings to the clinic. Use the green bins to keep your shoes and other items out of the pathways.
 2. Keep track of what you bring. SCA is not responsible for any lost or stolen items.
- **Manage Your Comfort**
 1. If you tend to get cold, bring a soft jacket or a (clean) light blanket.
 2. If you're sensitive to noise, request earplugs or bring headphones.
 3. If you're sensitive to light, request or bring an eye cover.
 4. If you struggle to relax, bring a book or listen (with headphones or earbuds) to something soothing.

I have read, understood, and hereby agree to the Community Guidelines above.

Signature: _____ **Date:** ____ / ____ / _____