

Welcome to the Acupuncture Clinic of Grinnell

How to prepare for your first visit

1. Yes, you're absolutely right, this is a lot of paperwork! We thank you for taking the time to complete it accurately and thoroughly. This allows us to protect your privacy and to give you the best care possible. If you have any questions regarding any of the information requested please do not hesitate to ask.
2. It is best to wear comfortable, loose fitting clothes. During a treatment your practitioner may need access to your legs, arms, back or torso.
3. Be sure to eat something prior to your visit. Acupuncture works with the energy of the body. It is important that you have adequate nutrition to make the most of your treatment.
4. Allow sufficient time for your appointment. Your first treatment will last 1½ to 2 hours. This time is needed to accurately assess your condition and to give you an acupuncture treatment. Your return visits will last approximately one hour.
5. After your treatment drink plenty of water and relax as much as your life permits. Be sure to follow any recommended therapies or dietary changes. The time immediately after a treatment can solidify or diminish its effects. Be good to yourself.

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About Traditional Chinese Medicine (TCM)

History

Acupuncture is part of a system of medicine developed more than 3,000 years ago. It is used to prevent disease, enhance emotional and physical well-being and treat a variety of illnesses. It is widely practiced all over the world. The National Institutes of Health (NIH) and the World Health Organization (WHO) have both approved the use of acupuncture to treat a myriad of health conditions.

How it Works

Acupuncture is based on the theory that the human body is a bio-electric system. Within this system, energy or Qi (pronounced "chee") travels throughout the body along well defined pathways. Different points on the body connect the energy to specific organs, body structures and systems. A disruption of this energy flow often results in illness. Acupuncture employs the insertion of very fine needles along these pathways to restore balance. Balancing the Qi affects every part of the human system and enhances the body's natural healing ability.

Many Western trained scientists believe that needles applied to certain points may trigger the release of chemicals in the muscles, spinal cord and brain. These chemicals may change the perception of pain, or activate other chemicals and hormones that alter the body's biochemistry and improve health.

What It Treats

Acupuncture is used to treat a broad spectrum of health problems. One of its most common uses is for the relief of chronic pain and for problems attributed to stress and tension. In addition, acupuncture is used to treat a variety of other medical conditions such as:

- Musculo-skeletal Disorders including neck and shoulder pain, tennis elbow, low back pain and arthritis
- Digestive Complaints including nausea and vomiting, spastic colon, acid reflux, irritable bowel syndrome (IBS), and diarrhea and constipation
- Respiratory Problems including asthma, allergies, sinusitis and bronchitis
- Neurological disorders including headaches, peripheral neuropathy and sciatica
- Gynecological Problems including premenstrual syndrome (PMS), irregular or painful menstruation, menopause and reproductive problems including infertility
- Stress-related Disorders including depression, insomnia and irritability
- Addictions such as chemical dependency, smoking cessation and weight loss

What to Expect During an Acupuncture Treatment

At your first visit the practitioner will take a complete health history. After information is obtained, a treatment plan is developed and an acupuncture treatment is given. The treatment involves the insertion of hair-thin needles to influence the Qi of the body. The needles are usually retained for 20 -30 minutes. The acupuncturist may also use moxibustion (heat), acupressure or tui na (massage), electric stimulation, herbal remedies and dietary or lifestyle recommendations. Your first visit will last from 1 ½ to 2 hours while follow-up appointments are generally 45 minutes to 1 hour.

Commonly Asked Questions

Is Acupuncture Painful?

The needles are so thin and inserted so quickly that there is usually no sensation of pain. Once the needles are in place you may not even be aware of them. People generally find acupuncture very relaxing and some even fall asleep during the treatment.

Are the needles safe?

Yes! To ensure safety, only sterile and disposable needles are used. They are used one time and disposed of properly.

How many treatments are necessary?

The number of treatments needed depends on the nature, severity and history of the condition. You will most likely see a change in symptoms after three or four treatments. A usual course of treatment consists of six to eight treatments.

How much does Acupuncture cost and is it covered by insurance?

The initial visit is \$105.00 and follow-up visits are \$75.00. Acupuncture done by a Licensed Acupuncturist is not usually covered by insurance although this is rapidly changing. After each treatment you will receive a receipt which you may submit to your insurance company. All plans allow the use of flex dollars to pay for acupuncture treatments.

Practitioner Qualifications

Anne Stephens is a licensed acupuncturist (L.Ac.) and completed a four-year program in Traditional Chinese Medicine at Southwest Acupuncture College in Santa Fe, New Mexico. The program includes the study of both Acupuncture and Chinese Herbal Medicine. The degree granted upon completion of the program is a Master's of Science in Oriental Medicine (MSOM). She is certified by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) in both Acupuncture and Chinese Herbology and is licensed by the State Medical Board of Iowa. She also holds a Master's degree in Cultural Anthropology from the University of Oregon and a Bachelor's of Science degree in Psychology from Iowa State University. Anne has also completed post-graduate work in Herbal Medicine and Qi Gong in Beijing, China and has studied abroad at Oxford University in England and Eotvos Lorand University in Budapest Hungary.

Confidential Patient Information

Name: _____ Date: _____

How would you like to be addressed: _____

Address: _____ Phone/home: _____

Phone/cell: _____

Occupation: _____ Marital Status: _____

Birthdate: _____ Age: _____ SSN#: _____

How did you hear about the Clinic? _____

May I leave a message on your phone regarding your next appointment? _____

Name of Physician/Individual who referred you: _____

May I use your name when I thank them for their referral? _____

What is the primary reason for this visit? _____

Have you ever been treated with Acupuncture or Chinese Herbs? _____

What are your expectations concerning your treatment? What do you hope to achieve? How involved can you be in your recovery?

Please list ALL medications, supplements, vitamins and herbs taken within the last month. Please use an additional sheet if necessary. If you have a list prepared we would be happy to photocopy it.

Medication	Amount	Frequency	Condition	Date Started

Please state any allergies to medicine, food, environmental factors, plants, animals or insect stings:

When were you last seen by a physician? _____

Please list tests performed and test results: _____

Please name any condition (including childbirth) for which you were hospitalized. Please include approximate dates: _____

Confidential Patient Information

Other serious illnesses which did not require hospitalization:

How would you describe your health as a child?

Do you do any of the following activities? If so, how often or how much?

- ☐ Smoke_____
- ☐ Drink Alcohol_____
- ☐ Use recreational drugs_____
- ☐ Drink Caffeine_____
- ☐ Drink Water_____
- ☐ Exercise_____
- ☐ Use Antibiotics_____

How is your emotional/spiritual life? Are your needs being met?

Please describe your typical diet:

Breakfast:

Lunch:

Dinner:

Please check the associated box if you have, or have had, any of the following:

- | | | | |
|--|--|---|------------------------------------|
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Depression | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Herpes |
| <input type="checkbox"/> Palpitations/chest pain | <input type="checkbox"/> Bleeding disorder | <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Heart attack | <input type="checkbox"/> Chronic fatigue | <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Allergies | <input type="checkbox"/> Thyroid disorder | |
| | <input type="checkbox"/> Joint replacement | <input type="checkbox"/> Fibromyalgia | |
| | | <input type="checkbox"/> HIV/AIDS | |

Family History:

- | | | |
|---|--|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bleeding disorder | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Stroke | <input type="checkbox"/> Alcoholism |
| <input type="checkbox"/> Mental Emotional Problem | <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Thyroid Disorder |
| | <input type="checkbox"/> Allergies | <input type="checkbox"/> High Blood Pressure |

Initial Patient Intake Form

Name _____ Date: _____

Condition for which you are seeking treatment:

Please check the associated box if you have experienced this symptom within the last three months.

Qi

- ☐ Organ prolapse
- ☐ Sinking feeling in abdomen
- ☐ Lowered immunity
- ☐ Spontaneous daytime sweating
- ☐ Lethargy/tiredness

Xue

- ☐ Pale complexion
- ☐ Dry skin
- ☐ Dry eyes, floaters
- ☐ Tremors
- ☐ Tingling limbs/numbness
- ☐ Difficulty FALLING asleep
- ☐ Pale or small amount of blood with period

Yin

- ☐ Night sweats
- ☐ Cheeks flush in the afternoon
- ☐ Evening restlessness
- ☐ Difficulty STAYING asleep
- ☐ Dry mouth/eyes
- ☐ Sores on tongue

Yang

- ☐ Cold limbs (hands, feet, nose, buttocks)
- ☐ Aversion to cold
- ☐ Desire for warm food/drinks/clothes

Dampness

- ☐ Water retention under skin
- ☐ No desire to drink water
- ☐ Loose stools
- ☐ Absence of taste
- ☐ Desire for sweets
- ☐ Headache that feels like a band around the head
- ☐ Heaviness of body or limbs
- ☐ Cloudy urine
- ☐ Reduced appetite

Fei

- ☐ Shortness of breath

- ☐ Weak/shallow breathing
- ☐ Weak voice
- ☐ Lowered immunity
- ☐ Dry cough
- ☐ Cough with sputum (color? _____)
- ☐ Dry throat
- ☐ Asthma
- ☐ Wheezing
- ☐ Difficulty breathing while lying down

Da Cheng

- ☐ Constipation/diarrhea
- ☐ Abdominal pain
- ☐ Urgent need to defecate which continues after defecation
- ☐ Burning anus
- ☐ Blood or pus in stools
- ☐ Dark urine
- ☐ Hard and dry stools

Wei

- ☐ Stomach pain
- ☐ Dark black or tarry stools
- ☐ Stomach pain worse after eating
- ☐ Vomiting of blood
- ☐ Eating a small amount and feeling full
- ☐ Heat sensation in stomach
- ☐ Sipping water throughout the day
- ☐ Excess thirst
- ☐ Constant hunger
- ☐ Bleeding, swollen, painful gums
- ☐ Dry mouth
- ☐ Bad breath
- ☐ Heartburn/acid reflux
- ☐ Belching
- ☐ Distention of stomach
- ☐ Nausea or vomiting

PLEASE TURN PAGE OVER! 

Initial Patient Intake Form

Pi

- ☐ No appetite
- ☐ Fatigue after eating
- ☐ Anemic
- ☐ Loose stools with undigested food
- ☐ Chronic sinus discharge
- ☐ Hemorrhoids
- ☐ Bruises of unknown origin
- ☐ Purple blotches on skin
- ☐ Chronic uterine bleeding
- ☐ Stuffiness in chest
- ☐ Stickiness in eyes
- ☐ Foggy/cloudy thinking
- ☐ Jaundice
- ☐ Bitter taste in mouth

Xin

- ☐ Feel heart beating
- ☐ Pressure in or on chest
- ☐ Chest pain
- ☐ Swelling of face or hands
- ☐ Depression
- ☐ Poor long-term memory
- ☐ Anxiety
- ☐ Restlessness
- ☐ Dream disturbed sleep
- ☐ Insomnia
- ☐ Night sweats
- ☐ Heat of palms or soles of feet
- ☐ Agitated feeling
- ☐ Impulsiveness
- ☐ Excessive multi-tasking
- ☐ Irritable and angry
- ☐ Flushed face
- ☐ Preference for cold drinks
- ☐ Mouth or tongue ulcers
- ☐ Bluish lips or nails
- ☐ Laughing/crying without reason
- ☐ Inability to find the right words

UB

- ☐ Frequent night urination
- ☐ Difficult to initiate flow of urine
- ☐ Flow of urine stops and starts
- ☐ Urgent urination
- ☐ Cloudy urine
- ☐ Blood in urine

- ☐ Painful or burning urination
- ☐ Feeling of coldness in abdomen

Shen

- ☐ Ringing in ears
- ☐ Low back pain
- ☐ Hot feeling in bones
- ☐ Excess libido that is not satisfied by intercourse
- ☐ Weak knees or ankles
- ☐ Swelling of lower body
- ☐ Infertility
- ☐ Reduced sex drive
- ☐ Loose stools at dawn
- ☐ Loose stools with undigested food
- ☐ Loose teeth/many cavities
- ☐ Deafness/loss of hearing
- ☐ Leaking urine with coughing/sneezing
- ☐ Dribbling post urination
- ☐ Nocturnal emission
- ☐ Vaginal discharge
- ☐ Color _____
- ☐ Odor? Yes/No

Gan

- ☐ Irritation
- ☐ Moodiness
- ☐ Distention/tenderness around ribcage
- ☐ Tenderness or oppression in center of chest
- ☐ Feel as though something is stuck in throat
- ☐ Muscles spasms and cramps
- ☐ Muscle/tendon stiffness
- ☐ Trembling
- ☐ Dry, red itchy eyes
- ☐ Night blindness
- ☐ Brittle nails
- ☐ Headache
- ☐ Gallstones
- ☐ Yellow colored stools

Menstrual Cycle

- ☐ Heavy Bleeding (color of blood _____)
- ☐ Clots? Yes/No
- ☐ Uterine Fibroids
- ☐ Distention or soreness of breasts/lower abdomen
- ☐ Pre-menstrual syndrome
- ☐ Irregular menstruation
- ☐ No period

Fees and Licensure

Fee Schedule

- New Patient Evaluation and Initial Treatment \$105.00
- Follow-up Acupuncture Treatment \$75.00
- Herbal Consultation \$50.00

Education

- Bachelor of Science Psychology, Iowa State University
- Study Abroad Oxford University Oxford, England
- Eotvos Lorand Budapest, Hungary
- China Academy of Traditional Chinese Medicine Beijing, China
- Master of Arts Cultural Anthropology, University of Oregon
- MSOM Master of Science in Oriental Medicine, Southwest Acupuncture College

Experience

- Private Practice Grand Junction, Colorado
- Acupuncturist for Iowa Methodist Medical Center Des Moines, Iowa
- Private Practice Grinnell, Iowa

Certification and Licensure

- Clean Needle Technique, Council of Colleges of Acupuncture and Oriental Medicine
- Dipl. Ac., National Certification Commission for Acupuncture and Oriental Medicine
- Dipl. Of Ch. Herbology, National Certification Commission for Acupuncture and Oriental Medicine
- Iowa Acupuncture License L.Ac.

Professional Memberships

- Iowa Society of Acupuncture and Oriental Medicine

I have never had my health care occupation license, certificate or registration revoked by any local, state or national health care agency.

As a licensed acupuncturist in the state of Iowa, I comply with all statutes and rules adopted by the Iowa Board of Medical Examiners, located at 400 SW 8th Street, Suite C, Des Moines, IA 50309-4686, phone: 515/ 281-5171 which regulates acupuncture. This includes the use of only pre-sterilized and disposable acupuncture needles.

Being licensed to practice acupuncture in the state of Iowa does not authorize me to practice medicine and surgery. Assessment and treatment by an acupuncturist must not be regarded as diagnosis, treatment or advice by a person licensed to practice medicine.

Client Signature

Date

Privacy Policies

This office is dedicated to providing service with respect for human dignity. Protecting your privacy and healthcare information is fundamental in the course of our relationship. This notice will remain in effect until it is replaced or amended by changes in law.

Personal information and health information is gathered in several ways:

Information we receive
Information we receive from other healthcare providers
Information we receive from third party payers

This information is used for treatment, payment, and healthcare operations. You should be aware that during the course of our relationship we will likely use and disclose health information about you for your treatment, payment, and healthcare operations. You may specifically authorize us to use Protected Health Information for any purpose or to disclose our health information by submitting the authorization in writing. Such disclosures of your Protected Health Information will be made to any personal representation of your choice.

Marketing

This office will not use your health information for marketing communications without your written authorization. This office may send birthday cards, newsletters and appointment reminders by phone, postcard or letter.

Disclosure

This office may use or disclose your Protected Health Information when required by law.

Patient Rights

1. Upon written request you have the right to access, review or receive copies of your healthcare records.
2. Upon written request you have the right to receive a list of items this office disclosed about your healthcare information.
3. You have the right to request that this office place additional restrictions on disclosure of your Protected Health Information.
4. You have the right to request that we amend your Protected Health Information. This request must be in writing.
5. You have a right to receive all notices in writing.

If you have any questions, complaints or would like more information please contact this office at:

Acupuncture Clinic of Grinnell
807 Broad Street
Grinnell, Iowa 50112 641-821-0108

You may send a written complaint to the US Department of Health and Human Services at:
DHHS (Office of Civil Rights)
200 Independence Avenue S.W. Room 509 F HHH Building
Washington, DC 20201

Informed Consent

By signing this document I request and consent to acupuncture treatments and other procedures associated with Oriental Medicine that are deemed necessary by my practitioner. I understand that the methods of treatment may include, but are not limited to, acupuncture, moxibustion, gua-sha, cupping, electro-acupuncture, Tui-Na, Chinese herbal medicine and nutritional counseling.

Although Acupuncture is considered to be extremely safe it has been explained to me that some risks do exist. These include but are not limited to the following: There exists the possibility of bruising, soreness or redness at the site of needle insertion. Before pre-existing symptoms improve it is possible that they may worsen temporarily. This is considered to be a part of the healing process. It is possible, though unlikely, that the insertion site will bleed. With very deep needle insertion an internal organ may be punctured. If moxibustion is used (heat therapy performed by burning mugwort above the skin) there is a risk of irritation to the skin or the possibility of burns. Bruising is a common side effect of cupping and gua-sha and is considered to be therapeutic. Other unlikely effects include dizziness, fainting, nerve damage, infection or spontaneous miscarriage.

The herbs and nutritional supplements that may be recommended are considered safe in the practice of Traditional Chinese Medicine. Like all medicines, some herbs may be toxic in high doses. Some possible side effects of taking herbs include excessive flatulence, nausea, stomachache, vomiting, headache, hives and tingling of the tongue.

I understand that herbs need to be prepared strictly according to the directions and taken as directed. I agree to notify my practitioner immediately if I experience any unpleasant or unanticipated side effects.

In some medical conditions certain acupuncture techniques are contraindicated. I agree to inform my practitioner if I have or develop a 1) bleeding disorder 2) Epilepsy or other seizure disorder 3) Pacemaker/heart irregularity 4) pregnancy or suspected pregnancy and 5) joint replacement.

By signing below I agree that I have read, or have had read to me, this consent to treatment, and have been told about the risks and benefits of acupuncture and other procedures. I have had the opportunity to ask questions and have received satisfactory answers. 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 may seek treatment.

Signature of Patient or person authorized to consent

Date

Signature of Acupuncturist

Date

Patient's Consent for the Purposes of Treatment, Payment and Healthcare Operations

I (print your name)_____ give consent to the Acupuncture Clinic of Grinnell for the use and disclosure of my individual identifiable health information of Protected Health Information for the following specific purposes:

1. Providing treatment to me
2. Relating to the payment of the services this office has rendered to me
3. The general administrative operations of this practice

The purpose of this consent:

Protected Health Information is any information that includes:

1. Demographic Information
2. Information gathered by this practice as it relates to my past, present and future physical or mental health condition
3. Information gathered by this office for the past, present or future payment for providing healthcare services
4. Healthcare operations include quality assessment activities, credentialing, business management and other general operations, procedures or activities

I understand that I have the right to request or put restrictions on the use and disclosure of my Protected Health Information for the purposes of treatment, payment or healthcare operations of the Acupuncture practice, but the practice is not required to agree to these restrictions. However, if the practice agrees to a restriction that I request, the restriction is binding on the practice.

I understand that I have the right to read and discuss the Notice of Privacy Policies and Procedures form before I sign the consent form regarding the use and disclosure of my Protected Health Information.

I have the right to revoke this consent, in writing at any time except to the extent that the acupuncturist or the practice has acted in reliance on this consent.

Signature: _____ Date _____

Privacy Practices Acknowledgement

I have received the Notice of Privacy Practices and I have been provided with an opportunity to review it.

Name: _____

Signature: _____

Date: _____

Cancellation Policy

If you would like to cancel or reschedule your appointment please do so more than 24 hours before your scheduled time. The easiest way is to text me at 641-821-0108. Make sure to identify yourself! If you prefer to call just use the same number. No worries!

Emergency situations, inclement weather and serious illnesses are, of course, exempt from this policy. Acupuncture is an excellent treatment for migraines, sinus infections and colds. You are encouraged to keep your appointment whenever possible.

However, your time is reserved especially for you. If you are unable to make your appointment I will not be able to fill your spot if you cancel at the last minute. Therefore, if you call or text to cancel less than 24 hours before your appointment you will be charged \$40.00. I really do appreciate it when you let me know you if can't make it.

Now, if you NO CALL/NO SHOW, meaning you do not call and you don't show up for your appointment, you will be charged for the full amount of the appointment. I can take credit card payments over the phone. Cash and checks are always accepted. This fee will be assessed at your next appointment.

Speaking of which.... I do not charge a credit card fee as I love the convenience of credit cards and actually really like the ability to accept this type of payment. However, the processing company does charge 2.6% + \$0.10 per transaction. For a follow-up appointment this works out to \$2.05 per appointment and for a new patient the fee is \$2.83. Over time this adds up! Check or cash payments are always appreciated. :)

Thanks for your understanding,

Anne

I have reviewed and accept this cancellation policy.

Signature

Date