

Sylva Acupuncture & Wellness Center
New Patient Intake Form

Name: _____ Date of Birth: _____

Gender: Male Female

Address: _____ City: _____ State: _____
Zip: _____

Phone Numbers:

Home _____ Work _____ Cell _____

Email Address: _____
(for appointment reminders and events)

Emergency Contact:

Name _____ Phone _____

Can this office leave confidential messages regarding appointment days and times on your telephone answering machine or voicemail?

YES _____ NO _____

How did you hear about this clinic? _____

Reason for today's visit: _____

Yes, I have been treated by Acupuncture or Massage before.

Date of last treatment: _____

For what purpose: _____ By: _____

Yes, I am currently under a Physician's care for: _____

Name of Physician: _____ Phone: _____

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Yes, I am currently taking prescription drugs. Please list below:

Drug Name & Dosage	For What Purpose/Condition
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Yes, I am currently taking supplements and/or vitamins. Please list below:

Supplement/Vitamin Name & Amount	For What Purpose/Condition
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Yes, I have an infectious disease. Please describe: _____

Yes, I have allergies. Please indicate:

Foods – Describe _____

Medications – Describe _____

Bites/Stings – Describe _____

Seasonal – Describe _____

Animals – Describe _____

Other – Describe _____

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Your first visit is devoted to gathering information about your medical history, goals and important aspects of your life; it will also include your first treatment. Subsequent visits involve acupuncture and/or massage therapy treatments that are designed specifically for your needs. Chinese herbs, nutritional advice or Qi Gong may be prescribed to complement your treatment.

Financial Policy

1. All payments must be made on the day that services are provided. Sylva Acupuncture & Wellness Center accepts cash, checks, and the following credit cards: VISA, Mastercard, Discover, and American Express.

2. **Cancellation policy:** Because of limited times available and high demand, it is necessary to enforce a strict cancellation policy.

a. If a client cancels at least 24 hours prior to the appointment, there is no charge.

b. If a client cancels less than 24 hours prior to the appointment or does not show, the client will be charged a fee that is equivalent to the cost of one full session.

3. **Late Policy:** Sylva Acupuncture & Wellness Center strives to give you our fullest attention during your allotted time. Your respect of other client's time is appreciated and sessions will end promptly as scheduled. Late arrivals are responsible for the full fee of the session.

Fee Schedule

Initial Acupuncture Session (120 minutes) \$120.00

Follow up session (60 minutes) \$65.00

Follow up session (90 minutes) \$85.00

Please initial that you have read and understand our cancellation and late policies

X _____

NOTICE OF PRIVACY PRACTICES AND PATIENT RIGHTS

I acknowledge that I have received a copy of the Notice of Privacy Practices and Patient Rights and have had the opportunity to ask questions about it. All of my questions have been fully answered.

Patient Name (please print)

Date Signed

Signature of Patient (or Guardian)

Date Signed

Office Signature

Date Signed

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Bellow you will find some advice to get the most benefit from your acupuncture treatments and to avoid any side effects.

Upon arrival to your acupuncture visit:

- Bring a list of all medications and supplements you are taking and notify your practitioner if any of your medications or health conditions have changed since your last visit.
- Wear no make-up or perfume, especially on your first visit.
- Loose clothing is more convenient. We may ask the patient to undress if a area is difficult to access otherwise.
- Do not drink coffee at least 5 hours prior to your visit.
- Have a light meal or snack before the visit. Heavy meals can cause nausea. Empty stomach can be the cause of dizziness after the treatment.
- Drink enough water on the day of the treatment
- Do not eat or drink food that changes the color of your tongue.
- Do not drink alcohol.

After your acupuncture visit:

- Do not drink alcohol
- Do not eat greasy or spicy food
- Rest is preferable. Make the day as easy as possible.
- Do not exercise

Patient Initials _____ Date: ____/____/____