

NI'S ACUPUNCTURE CENTER/CTMA

Date _____

Name _____ Home Phone: () _____
Last First Middle

Address _____ Business Phone: () _____

Zip Code: _____

Occupation _____

Date of Birth _____ Sex: M , F Height _____ Weight _____ lbs Single or Married

Name of Spouse _____ Closest Relative _____ Phone :() _____

If completing this form for another person, what is your relationship to him/her? _____

REFERRED BY : _____

1. Have you ever had Hepatitis? If yes, when _____ Yes No
2. Do you have AIDS or HIV infection? How long? _____ Yes No
3. Have you ever had any surgery? Please list type and year below. Yes No

4. Have you ever had heart problems or symptoms? Please explain: _____ Yes No

5. Are you taking any medication or pain pills at this time? Please explain: _____ Yes No

6. Are you pregnant? If yes, what month are you in? _____ Yes No

7. Have you had Acupuncture before? For what problem: _____ Yes No

8. Do you have any problems with needles, dizziness, nausea, or fainting? Yes No

9. Reason for your visit;

**Ni's Acupuncture Center
Chinese Traditional Medical Association
3149 N. Courtenay Parkway
Merritt Island Fl 32953**

Phone: (321)454-9259

Fax: (321)454-9974

CONSENT FORM

I, _____, hereby consent to be treated with acupuncture and herbal medicines by Hai-Sha Ni or whomever S/He designates in his or her absence.

I understand that acupuncture is performed by the insertion of fine needles into specific points on the body with the intent of improving body functions and /or relieving pain. I understand that only pre-sterilized, disposable needles will be used. I further understand that the needles may cause some temporary localized pain, bruising, or light headaches "Moxibustion" a.k.a. heat therapy may also be used and natural herbal formula may be prescribed.

I am in full compliance with the fact that in the event I decide to seek treatment from a health practitioner outside this clinic and patient records need to be transferred, all herbal prescriptions/acupuncture points on the records are copyrighted, the exclusive property of THIS clinic and may not be used without express written permission from THIS clinic. Any request of patient records by me or any other health practitioner I decide to transfer to for purposes of using copyrighted herbal/acupuncture prescriptions of THIS clinic without permission is strictly prohibited.

I accept the fact that there is no guarantee concerning the outcome of my acupuncture or herbal treatments and I understand that I may stop treatment at any time. I also accept that there are NO REFUNDS on any services, including herbal formula .

Our herbal supplements are for relieving symptoms only. The herbal supplements are not intended to diagnose, cure, prevent or treat any disease.

Payment must be made in full at the time of treatment. We do not handle insurance claims. You may file for possible reimbursement from your insurance company. Please ask the receptionist to include the diagnosis code(s) on your receipt during each visit for insurance purpose

Signature of Patient or Guardian

Date

The employees of Ni's Acupuncture Center and CTMA endeavor to maintain your confidentiality to the best of their ability. If you have any questions or concerns regarding the privacy of your records, please contact the office manager.