

SOUTHWEST ACUPUNCTURE COLLEGE

Patient Medical History *Confidential*

Supervisor Initials _____

General Information

Patient Name _____ Date ___ / ___ / ___
Address _____ City _____ State _____ Zip _____
Email (Optional) _____ Primary Ph. _____ Work Ph. _____
Gender _____ Age _____ D.O.B. ___ / ___ / ___ Marital Status _____ Weight _____
Occupation _____
Primary Physician _____ Date of last visit ___ / ___ / ___ Reason _____
Have you received acupuncture/Chinese herbs in the past? Yes No
Name of Acupuncturist _____ Date of last visit ___ / ___ / ___ Reason _____

Emergency Contact

Name _____ Relationship _____ Phone _____
Address _____ City _____ State _____ Zip _____

Privacy Concerns

Do you wish to specify any restrictions in how we may contact you? No restrictions
 I wish the following contact restrictions to be followed (E.g., Do not call work number, no voicemail messages, etc): _____

Major Complaint

What is your primary reason for this visit? _____

This condition is due to: automobile work injury sports/exercise injury not sure
 illness other _____

What was the date of the injury/illness? _____ When did your symptoms begin? _____

Did your symptoms develop: gradually or suddenly How long do symptoms last? _____

Is there a pattern to when your symptoms occur? No Yes If yes, what is the pattern:

In the morning Occasionally During sleep

In the evening Intermittently Upon awakening

All day Constantly Other _____

What initiates your symptoms? _____

What makes them worse? _____ What makes them better? _____

Have you received treatment for this complaint? Yes No

If yes, what was done? _____

Did it help? Not at all Somewhat Very effective Not sure

Have any other family members had the same or similar complaint? Yes No

If Yes, what was their treatment? _____

Did it help? Not at all Somewhat Very effective Not sure

Do you have specific questions you would like to discuss today? _____

Family History

Father Living – Age _____ Deceased – age at death _____ Cause _____

Mother Living – Age _____ Deceased – age at death _____ Cause _____

Other Parent Living – Age _____ Deceased – age at death _____ Cause _____

Spouse Living – Age _____ Deceased – age at death _____ Cause _____

Siblings Number _____ Health Status _____

Children Number _____ Health Status _____

Check illness(es) which have occurred in any of your blood relatives:

Alcoholism Bleeding Disorder Diabetes Heart disease Kidney disease Obesity

Epilepsy High blood pressure Stroke Mental Illness Allergy Cancer

Other: _____

Personal History

How would you describe your health as a child? _____

Check any illnesses or conditions you have or had in the past:

- AIDs/HIV Alcoholism Allergies Antibiotic use Asthma Bleeding Issues
- Cancer Chicken pox Diabetes Epilepsy Glaucoma Heart disease
- Hepatitis High BP High fevers Jaundice Kidney Disease Measles
- Meningitis Mental Disorder MS Mumps Pacemaker Polio
- Pneumonia Rheumatic fever Scarlet fever Stroke Thyroid DO Tuberculosis
- Typhoid Ulcers Vascular Disease Venereal Disease
- Other: _____

List illnesses not requiring surgery for which you have been hospitalized: _____

List illness requiring surgery (include dates): _____

List any other serious injury, broken bones, scars, etc.: _____

*List all allergies or sensitivities to any medicines or other substances: (food, animals, etc.) _____

Check the diseases against which you have been immunized:

- Diphtheria/Pertussis/Tetanus Tetanus only Measles/Mumps/Rubella Influenza
- Varicella (chicken pox) Typhoid Hepatitis B Other: _____

List date and results of most recent lab tests:

DATE	TEST	RESULT	DATE	TEST	RESULT
	Physical			Stool	
	Cholesterol			HIV test	
	Hepatitis			PSA (prostate)	
	Mammography			Pap Smear	
	Other:			Other:	

Comments (anything else you would like to tell us): _____

I authorize treatment by the students and faculty at Southwest Acupuncture College. All information on this form is correct. I understand that I am responsible for payment of all fees to Southwest Acupuncture College on the day of services rendered unless other arrangements are made in advance.

Patient's Printed Name: _____

Patient's Signature: _____ **Date:** _____

Consent to treat a minor child: I hereby authorize Southwest Acupuncture College to administer treatment to my child (Name) _____

Parent/Legal Guardian Signature: _____ **Date:** _____

Supervisor Initials _____

Southwest Acupuncture College Boulder Campus Student Clinic
6630 Gunpark Dr., Boulder, CO 80301
(303) 581-9933

Disclosure Statement

This disclosure is in compliance with the State of Colorado, Department of Regulatory Agencies, Colorado Statute Title 12 Article 29.5. All rules and regulations set forth by the Department of Health are strictly adhered to by this clinic, including proper cleaning and sterilization of equipment and office.

The practice of acupuncture is regulated by the Department of Regulatory Agencies. Any complaints should be directed to: Director of the Division of Registrations in the Department of Regulatory Agencies: 1560 Broadway, Suite 110, Denver, CO 80202, ph: (303) 894-7855.

Patients are entitled to receive information about the methods of therapy, techniques used, and the duration of therapy, if known. Patients may seek a second opinion and may terminate therapy at any time. In a professional relationship, sexual intimacy is never appropriate and should be reported to the Director of the Division of Registrations in the Department of Regulatory Agencies.

Clinic fee schedule (due at time of service)

Professional Clinic	\$30	SWAC Student	\$18
Intern Clinic	\$28	Non SWAC Student	\$20
Veterans	\$23	Family member	\$22
Senior Citizens (55+)	\$18	Herb clinic	\$18 + price of herbs
Oncology Patients	\$18	Pediatrics	\$18

* Special approved discounts may apply *

Clinic Supervisor Education, Certification and Experience

Carol Conigliaro, Dipl.Ac, Dipl.C.H., L.Ac, BA in Environmental Biology from the University of Santa Barbara (1985), Masters of Science in Oriental Medicine from Southwest Acupuncture College in Boulder (2000) – 2672.7-hr program including the recommendation and application of adjunctive therapies and herbs). Associate Professor SWAC since 2007. Private practice in Lyons, CO since 2000. Colorado Licensed Acupuncturist (#628). (No discipline or Board action for this credential)

Deborah Corradino, Dipl. O.M., L.Ac., BA in Political Science from University of Vermont (1990), Graduated from Colorado School of Traditional Chinese Medicine in Denver, CO (1999), Masters in Public Health from University College in Dublin, Ireland (2004). Deborah has taught TCM at International Institute of TCM in Cork, Ireland. She currently has a private practice in Boulder. Colorado Licensed Acupuncturist (#1940) (No discipline or Board action for this credential)

Brandon Drouillard M.S.O.M, Dipl.Ac, C.M.T., MSOM Pacific College of Oriental Medicine in 2003. Brandon has practiced acupuncture, Oriental medicine and massage therapy in many of the country's leading integrative healthcare facilities; including UCSD School of Medicine Sports Rehabilitation Center, Grossmont Medical Center Acupuncture Clinic, Robek Chiropractic and Sports Rehabilitation Center and Massage Specialists of Denver. Colorado Licensed Acupuncturist (#1334) (No discipline or Board action for this credential)

Douglas Frank, Ed.M., C.M.T., Dipl.Ac., L.Ac., B.S./History-University of Akron 1972. Ed.M./ Counseling Psychology-Kent State University 1973. C.M.T./Boulder School of Massage Therapy 1982. Acupuncture mentorship/ Bob Flaws 1983-1985. Certificate in Acupuncture-Shanghai Acupuncture Center 1985. Chinese herbal medicine study-CSTCM 1987-90. Acupuncturist in Denver, CO 1987 to present. Instructor at SWAC since 2009. 1985-present- Private practice in Boulder, Colorado. Colorado Licensed Acupuncturist (#128) (No discipline or Board action for this credential)

Soma Glick, DOM-NM, Dipl Ac., Dipl. C.H.- Licensed Massage Therapist-NM 1992, Master of Oriental Medicine 1993 International Institute of Chinese Medicine, Santa Fe, NM. Soma has been on the faculty of SWAC since 1998. She took a leave of absence from 2006-2010 and during that time provided free service to the pediatric clinic at Bumi Sehat birthing center in Ubud, Bali, Indonesia. Colorado Registered Acupuncturist (#466). (No discipline or Board action for this credential)

Susan Goldstone, L.Ac.Dipl.Ac., MSOM, B.S. in Rehabilitation University of Northern Colorado (1976) M.A. Public Administration Univ. of Northern CO (1981), Body Therapy Institute, NC in 1988, Massage Therapist, Upledger Institute, MSOM Southwest Acupuncture College Santa Fe NM (1993). Has taught internationally and nationally 1993 till the present and has been a professor at SWAC since 2012. Private practice in Ft. Collins, CO. Colorado Licensed Acupuncturist (#1599) (No discipline or Board action for this credential)

Ted Hall, L. Ac., Dipl. Ac., Dipl. C.H., BA from the University of California at Santa Cruz 1988. Ted received a Master of Science in Oriental Medicine from Southwest Acupuncture College in Santa Fe, NM (1999). He has extensively studied Traditional Japanese Medicine at the Kototama Institute and in private tutorials in Santa Fe, NM. NCCAOM Diplomate in Acupuncture in 1997 and in Chinese Herbology in 2003. Full Professor at SWAC since 2004. Private practice since 1989. Colorado Licensed Acupuncturist (#1037). (No discipline or Board action for this credential)

Jennifer Leonard, L.Ac., Dipl. OM, Jennifer graduated with her Masters in Traditional Chinese Medicine from Pacific College of Oriental Medicine in San Diego, CA (2007). She also holds a Masters in Mind Body Medicine from Saybrook University (2011). Jennifer has held a private practice since 2007 and owns an integrative clinic in Denver. Colorado Licensed Acupuncturist (# 1315). (No discipline or Board action for this credential)

Laurel Lewis L.Ac., Diploma in Traditional Chinese Medicine from Colorado School of Traditional Chinese Medicine in Denver CO, Completed a 2100 hour program including the recommendation and application of adjunctive therapies and herbs). Associate Professor at SWAC since 2001. Private practice in Boulder CO. Colorado Licensed Acupuncturist (#635). (No discipline or Board action for this credential)

(see reverse side for more information and for signature)

Alexander Love, L.Ac., Dipl. O.M., MSAC, Bachelors in Health Studies, MSAC and Chinese Herbal Medicine Certificate from Academy for Five Element Acupuncture in FL (2004). He is currently pursuing a Ph.D. in Classical Chinese Medicine at American University for Complementary Medicine. Colorado Licensed Acupuncturist (#1013) (No discipline or Board action for this credential)

Li Lu L.Ac., Bachelor degree in Chinese Medicine Zhejiang College of TCM (5 yr bachelor degree including Herbology and Acupuncture). Masters degree in TuiNa of Traditional Chinese Medicine. Instructor CSTCM 1997-2003, Professor at SWAC since 2009. Private Practice in Lakewood CO since 2005. Colorado Licensed Acupuncturist (#486) (No discipline or Board action for this credential)

Tristan McCoy, Dipl. Ac., Dipl. C.H., L. Ac., Diploma in Traditional Chinese Medicine from Colorado School of Traditional Chinese Medicine in Denver, CO (1995-1800 hr 3-year program, including the recommendation and application of adjunctive therapies and herbs). NCCAOM Diplomate in Acupuncture and Chinese Herbology issued in 1995. Associate in Applied Science- Major in Nursing- Front Range Community College (2008) Associate Professor at SWAC since 1999. Private practice in Ft.Collins , CO since 1995. Colorado Licensed Acupuncturist (#322), Registered Nurse (#189955) (No discipline or Board action for this credential)

Nate Mohler, L. Ac., MSOM, B.S. B.S. in Natural Health East West College of Natural Medicine (2000), MSOM East West College of Natural Medicine (2003). Private practice in Sarasota, Florida from 2004 to 2010. Instructor/Student Clinic Supervisor at East West College of Natural Medicine from 2007 to 2010. Community Acupuncture since 2011. Instructor/ Assistant Clinical Supervisor- CSTCM in Denver since 2011, Instructor at SWAC since 2012. . Colorado Licensed Acupuncturist (#1698) (No discipline or Board action for this credential)

Joanne Neville, Dipl. Ac., Dipl. C.H., L. Ac., Bachelor of Fine Arts from the School of Visual Arts in New York (1988). She earned a M.S.O.M. from Southwest Acupuncture College, Boulder, Colorado (2002). NCCAOM Diplomate in Acupuncture and Chinese Herbology. Served on board of Acupuncture Association of Colorado 2002-2006. Clinic Director at SWAC since 2008, Associate Professor at SWAC since 2007. Private Acupuncture practice in Boulder CO. since 2002. Colorado Licensed Acupuncturist (#833) (No discipline or Board action for this credential)

Tuesday Wasserman, M.S.O.M., L.Ac., MSAOM from Seattle Institute of Oriental Medicine (2010). Her focus on women's health began while apprenticing with a renowned women's health practitioner when she was still in school. 2012- Chinese Medicine training for labor & worked at Lutheran Hospital in New York in Labor and Delivery and in Neurology and Orthopedic rehab wards in 2015. She has been a supervisor in the student clinic at Pacific College of Oriental Medicine and Lutheran Hospital in NY. Colorado Licensed Acupuncturist (#2329) (No discipline or Board action for this credential)

Honora Wolfe, Dipl.Ac., L.Ac., BA from Ohio State University, Masters in Acupuncture from De-Chen Yon-ten Dzo Institute of Buddhist Medicine, Specialty in Tuina at Shanghai College of TCM 1986, NCCAOM Diplomate in 1988. Private Practice in Boulder since 1988, Instructor and Clinic Supervisor at Southwest Acupuncture College since 1998. Colorado Licensed Acupuncturist #134. (No discipline or Board action for this credential)

Michael Young, Dipl. Ac., L. Ac., BA from Occidental College (1985), Masters of Science in Traditional Chinese Medicine from American College of Traditional Chinese Medicine in San Francisco, CA (1990), NCCAOM Diplomate in Acupuncture issued in 1989. Professor at SWAC since 1997. Licensed Acupuncturist, State of California (1991), Private acupuncture practice since 1990. Colorado Licensed Acupuncturist (#238). (No discipline or Board action for this credential)

Jiayu Zhang, Dipl. Ac., L. Ac., Bachelor of Medical Science in Traditional Chinese Medicine from Chengdu Institute of Physical Education (1989-5 year program including the recommendation and application of adjunctive therapies and herbs). NCCAOM Diplomate in Acupuncture issued in 1988. Professor at SWAC since 2000. Private practice since 1989. Colorado Licensed Acupuncturist (#510). (No discipline or Board action for this credential)

Patient Name: _____

Patient Signature/or Guardian: _____

Date _____

Name of child if minor: _____

Supervisor Initials: _____

Southwest Acupuncture College HIPAA Consent Form

I give Southwest Acupuncture College Clinic my consent to use or disclose my, or my child's if patient is a minor, protected health information to carry out the treatment, to obtain payment, and for health care operations such as quality reviews.

I understand that interns must convey all information concerning my, or my child's if patient is a minor, care to their supervisors and cannot keep any information confidential.

I have been informed that I may review the clinic's Notice of Privacy Practices for a more complete description of uses and disclosures before signing this consent.

I understand this clinic has the right to change their privacy practices and that I may obtain my revised notices at the clinic.

I understand I have the right to request a restriction of how my protected health information is used. However, I also understand that the clinic is not required to agree to the request. If the clinic agrees to my requested restriction, they must follow the restriction(s).

I understand that I may revoke this consent at any time, by making a request in writing, except for information already used or disclosed.

Complaints concerning my, or my child's if patient is a minor, protected health information should be filed in writing with the Clinic Director.

Patient Name (Print) _____

Signature _____ Date _____

If signed by patient representative, state relationship to patient: _____

Supervisor Initials _____

Southwest Acupuncture College Student Clinic Policy

Southwest Acupuncture College is a private accredited masters-level institution dedicated to the instruction of Acupuncture & Oriental medicine. A concomitant goal of the college, to cultivate leadership and service to the community in this emerging field of effective medical care, is fostered in the curriculum as well as the life of the college community through the educational format and low cost public clinic. Student interns who are supervised by licensed practitioners administer many of the treatments at our clinic. There may be an observer present in these treatments. We also offer professional clinics where a licensed practitioner treats the patient and is observed by several students. Here are some things you should know about how our student clinic is run:

- Our clinic hours are generally Monday-Thursday 9am-9pm and Friday 9am-5pm. Please note that we are closed on weekends, major holidays, for special meetings, and most school breaks. See our semester clinic poster for days and hours, types of clinics offered, and supervisors. Our snow closure policy is available from the front desk.
- Our treatment times are up to 1.5 hours. Due to intern responsibilities, we cannot extend the time if a patient is late. However, if the intern is late, we will extend time (if needed) to complete the treatment.
- If a patient is 15 minutes late for a scheduled appointment, we reserve the right to fill that treatment slot with another patient. If filled, the scheduled patient will not receive a treatment that day and may be subject to a late cancellation fee.
- Payment is due at the time of treatment. We only accept cash or checks. Our payment schedule, including charges for late cancellation, is available from the front desk.
- Due to graduation requirements, student interns are only able to treat an individual patient up to six (6) times. Your student intern will be happy to refer your case to another qualified student, often with the same supervisor.
- Our clinic is a professional health care provider. Patients are expected to conduct themselves accordingly. Anyone who threatens, intimidates or exhibits violent behavior will be immediately discharged as a patient and asked to leave the premises. Anyone who uses profanity or raises his or her voice to such a level that others can hear it outside of the treatment room will be discharged as a patient and asked to leave the premises. We will make allowances for children who raise their voices. Sexually oriented communications, comments, gestures, or physical conduct will not be tolerated and any patient who does so will be asked to leave the clinic immediately and shall be discharged as a patient. Unless specifically authorized by law, weapons, firearms, mace, pepper spray, and other types of similar chemical agents are not allowed in the clinic. Leave them in your vehicle before entering the clinic. Patients who come to the clinic under the influence of alcohol or non-prescriptive medications will be asked to leave and shall be discharged as a patient. A patient who is asked to leave means that the patient is discharged and ineligible to receive any further treatment.

- With the possible exception of children, a patient who is asked to leave because they continue to raise their voice to the point that they are disrupting other patients' treatments more than one time, will be discharged as a patient from our clinic.
- Treatment plans for each patient will be developed according to the judgment of the intern and the supervisor based on presenting signs and symptoms. You are welcome to let us know if you have had a treatment that has worked or not worked for you in the past. We will consider this information in our treatment plan.
- If we feel it necessary to the medical needs of a patient, we reserve the right to refer a patient to seek professional help from another health care practitioner. Failure to seek referred care could result in being discharged as a patient.
- A patient has the right to refuse any aspect of a treatment at any time.

As a patient at Southwest Acupuncture College Clinic, I have read, understand and agree to the clinic policy as stated above.

Patient Name (print): _____

Patient Signature: _____

Date: _____

Clinic Manager Signature: _____

Date: _____

Supervisor Initial: