

# SOUTHWEST ACUPUNCTURE COLLEGE

## Patient Medical History

### Confidential

#### General Information

Supervisor Initials \_\_\_\_\_

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)

**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)

**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)

**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)

(see reverse side for more information and for signature)

**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)

**Debby Shapiro, L. Ac., Dipl. Ac.,** BA from Hebrew University (1982). MTCM from Pacific College of Oriental Medicine in San Diego (1992-4 year program, including the recommendation and application of adjunctive therapies and herbs). NCCAOM Diplomate in Acupuncture in 1992. Instructor CSTCM 1993-1999, Instructor Academy for 5 Element Acupuncture 2001-2004, Associate Professor at SWAC since 2005. Private practice in acupuncture since 1991. Colorado Licensed Acupuncturist (#201). (No discipline or Board action for this credential)

**Albert Stern, L.Ac., MSAOM, LMT.,** MSAOM in 2007 from Bastyr University. He attended Brenneke School of Massage in Seattle. He earned a BFA from the School of Visual Arts in New York in 1994. From 2009 to the present, Albert has owned the Healing Village Collective in Denver, Colorado, where he practices acupuncture and massage therapy. 2008-present- Instructor at CSTCM in Denver, where he also served as Assistant Clinical Director from 2008 to 2011. MT license (#8944), Colorado Licensed Acupuncturist (#1361) (No discipline or Board action for this credential)

**Adam Wasserman, M.S.O.M., L.Ac.,** MSAOM from Seattle Institute of Oriental Medicine (2011) NCCAOM Board Certified in acupuncture and herbal medicine. Adam has studied the Chinese martial art of Ba Gua Zhang extensively since 2003 and has studied several different styles of the art including Gao Yi Sheng style, Li Zi Ming style and Beijing Gao Family style. Assisted in Tom Bisio's clinic in Manhattan for two years focusing on the treatment of orthopedic conditions, observing and treating patients using tuina, externally applied herbs, internal herbs and qigong. Colorado Licensed Acupuncturist (#2326). (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)

**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)

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**

Boulder Campus  
6630 Gunpark Dr. #200  
Boulder CO 80301

Santa Fe Campus  
1622 Galisteo St.  
Santa Fe NM 87505

**ARBITRATION AGREEMENT**

**Article 1: Agreement to Arbitrate:** It is understood that any dispute as to medical malpractice, including whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by state and federal law, and not by a lawsuit or resort to court process, except as state and federal law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. Further, the parties will not have the right to participate as a member of any class of claimants, and there shall be no authority for any dispute to be decided on a class action basis. An arbitration can only decide a dispute between the parties and may not consolidate or join the claims of other persons who have similar claims.

**Article 2: All Claims Must be Arbitrated:** It is also understood that any dispute that does not relate to medical malpractice, including disputes as to whether or not a dispute is subject to arbitration, as to whether this agreement is unconscionable, and any procedural disputes, will also be determined by submission to binding arbitration. It is the intention of the parties that this agreement bind all parties as to all claims, including claims arising out of or relating to treatment or services provided by the health care provider, including any heirs or past, present or future spouse(s) of the patient in relation to all claims, including loss of consortium. This agreement is also intended to bind any children of the patient whether born or unborn at the time of the occurrence giving rise to any claim. This agreement is intended to bind the patient and the health care provider and/or other licensed health care providers, preceptors, or interns who now or in the future treat the patient while employed by, working or associated with or serving as a back-up for the health care provider, including those working at the health care provider's clinic or office or any other clinic or office whether signatories to this form or not.

All claims for monetary damages exceeding the jurisdictional limit of the small claims court against the health care provider, and/or the health care provider's associates, association, corporation, partnership, employees, agents and estate, must be arbitrated including, without limitation, claims for loss of consortium, wrongful death, emotional distress, injunctive relief, or punitive damages. This agreement is intended to create an open book account unless and until revoked.

**Article 3: Procedures and Applicable Law:** A demand for arbitration must be communicated in writing to all parties. Each party shall select an arbitrator (party arbitrator) within thirty days, and a third arbitrator (neutral arbitrator) shall be selected by the arbitrators appointed by the parties within thirty days thereafter. The neutral arbitrator shall then be the sole arbitrator and shall decide the arbitration. Each party to the arbitration shall pay such party's pro rata share of the expenses and fees of the neutral arbitrator, together with other expenses of the arbitration incurred or approved by the neutral arbitrator, not including counsel fees, witness fees, or other expenses incurred by a party for such party's own benefit. Either party shall have the absolute right to bifurcate the issues of liability and damage upon written request to the neutral arbitrator.

The parties consent to the intervention and joinder in this arbitration of any person or entity that would otherwise be a proper additional party in a court action, and upon such intervention and joinder, any existing court action against such additional person or entity shall be stayed pending arbitration. The parties agree that provisions of state and federal law, where applicable, establishing the right to introduce evidence of any amount payable as a benefit to the patient to the maximum extent permitted by law, limiting the right to recover non-economic losses, and the right to have a judgment for future damages conformed to periodic payments, shall apply to disputes within this Arbitration Agreement. The parties further agree that the Commercial Arbitration Rules of the American Arbitration Association shall govern any arbitration conducted pursuant to this Arbitration Agreement.

**Article 4: General Provision:** All claims based upon the same incident, transaction, or related circumstances shall be arbitrated in one proceeding. A claim shall be waived and forever barred if (1) on the date notice thereof is received, the claim, if asserted in a civil action, would be barred by the applicable legal statute of limitations, or (2) the claimant fails to pursue the arbitration claim in accordance with the procedures prescribed herein with reasonable diligence.

**Article 5: Revocation:** This agreement may be revoked by written notice delivered to the health care provider within 30 days of signature and, if not revoked, will govern all professional services received by the patient and all other disputes between the parties.

**Article 6: Retroactive Effect:** If patient intends this agreement to cover services rendered before the date it is signed (for example, emergency treatment), patient should initial here. \_\_\_\_\_. Effective as of the date of first professional services.

If any provision of this Arbitration Agreement is held invalid or unenforceable, the remaining provisions shall remain in full force and shall not be affected by the invalidity of any other provision. I understand that I have the right to receive a copy of this Arbitration Agreement. By my signature below, I acknowledge that I have received a copy.

**NOTICE: BY SIGNING THIS CONTRACT, YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION, AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT.**

**Patient Name: (Print)** \_\_\_\_\_  
**Patient Signature:** \_\_\_\_\_  
(Or Patient Representative - Indicate relationship)  
**Clinic Manager Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Supervisor Initials** \_\_\_\_\_

**PLEASE SIGN BOTH SIDES OF THIS FORM**

**Southwest Acupuncture College**

Boulder Campus  
6630 Gunpark Dr. #200  
Boulder CO 80301

Santa Fe Campus  
1622 Galisteo St.  
Santa Fe NM 87505

**ACUPUNCTURE INFORMED CONSENT TO TREAT**

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of acupuncture on me (or on the patient named below, for whom I am legally responsible) by the acupuncturist indicated below and/or other licensed acupuncturists who now or in the future treat me while employed by, working or associated with or serving as back-up for the acupuncturist named below, including those working at the clinic or office listed below or any other office or clinic, whether signatories to this form or not.

I understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, Tui-Na (Chinese massage), Chinese herbal medicine, magnets, bleeding, plum blossom, guasha and nutritional counseling. I understand that the herbs may need to be prepared and the teas consumed according to the instructions provided orally and in writing. The herbs may have an unpleasant smell or taste. I will immediately notify a member of the clinical staff of any unanticipated or unpleasant effects associated with the consumption of the herbs.

I have been informed that acupuncture is a generally safe method of treatment, but that it may have some side effects, including bruising, numbness or tingling near the needling sites that may last a few days, and dizziness or fainting. Burns and/or scarring are a potential risk of moxibustion and cupping. Bruising is a common side effect of cupping and guasha. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the clinic uses sterile disposable needles and maintains a clean and safe environment.

I understand that while this document describes the major risks of treatment, other side effects and risks may occur. The herbs and nutritional supplements (which are from plant, animal and mineral sources) that have been recommended are traditionally considered safe in the practice of Chinese Medicine, although some may be toxic in large doses. I understand that some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue. I will notify a clinical staff member who is caring for me if I am or become pregnant.

While I do not expect the clinical staff to be able to anticipate and explain all possible risks and complications of treatment, I wish to rely on the clinical staff to exercise judgment during the course of treatment which the clinical staff thinks at the time, based upon the facts then known, is in my best interest. I understand that results are not guaranteed.

I understand the clinical and administrative staff may review my patient records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

By voluntarily signing below, I show that I have read, or have had read to me, the above consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. 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 seek treatment.

**Patient Name: (Print)** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_  
(Or Patient Representative - Indicate relationship)

**Date:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PLEASE SIGN BOTH SIDES OF THIS FORM**

## 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. Consecutive missed appointments may result in your withdrawal from our clinic.
- Payment is due at the time of treatment. We accept cash, checks, or charge cards. Our payment schedule is available from the front desk. We will gladly provide a coded receipt for insurance reimbursement upon request.
- 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: \_\_\_\_\_