

Welcome!

Welcome to Flourish Acupuncture & Healing Arts! Your initial appointment will last 2 hours, with follow-up appointments lasting an hour to an hour and a quarter. While it is possible to get significant results after one or two treatments, most cases take longer. In general, the longer you have not been feeling well, the longer it takes to treat. I typically suggest starting your treatment plan with one treatment per week for 3 to 5 weeks, and then having an open discussion with you about continued treatments based on your progress and feedback. Once you are stabilized, it is suggested to come in for a "Tune Up" treatment with the change of each season. The idea is to get you in balance, and then keep you there. We will discuss your particular plan further during each treatment. For your comfort, we suggest wearing loose fitting, comfortable clothing during your session.

The cost of the initial treatment is \$130, subsequent treatments are \$110, plus the cost of any herbs or supplements if prescribed. Payment in the form of cash or check is preferred, though all major credit cards are accepted for your convenience.

If for some reason you need to change or cancel appointment times, please allow 24 hours notice. The Cancellation Fee within 24 hours is \$50. Completely missing the appointment without any notification is charged the full amount of \$110/\$130. This allows for our best availability and care for all of our patients.

Should you have any questions, please contact us at (678) 622-0001. We look forward to meeting you!

In Wellness,

Tamara Clarke, L.Ac., Dipl. OM

Hannah Tran, L.Ac., Dipl. OM

Informed Consent for Treatment Procedures, Alternatives, and Risks

Tamara Clarke, L.Ac., Dipl. OM
Hannah Tran, L.Ac., Dipl. OM
(678) 622-0001

Acupuncture:

Acupuncture is the insertion of needles through the skin to adjust the body's energy. The goal is to alleviate pain, provide relief from a variety of symptoms related to an illness, and support overall health and well-being. Side effects from acupuncture can include, but are not limited to: slight bruising, minor bleeding, fainting, and possible aggravation of symptoms. If any side effects are felt, it is important to contact me at (678) 622-0001. I encourage all patients to keep in contact with their Primary Care Physician at all times during the course of a treatment. There are many other medical alternatives to acupuncture, which include treatment by Primary Care Providers.

Moxibustion:

Moxibustion is the burning of an herb called mugwort. It is burned close to the skin either in its loose form or in the form of an herbal stick. It is used to warm and adjust the body's energy to alleviate pain, provide relief from a variety of symptoms related to an illness, and support overall health and well being. Side effects can include, but are not limited to: reddening of the skin, risk of burn, risk of scarring, respiratory aggravation, and possible aggravation of symptoms. If any side effects are felt, please contact me.

Herbal Supplements:

Chinese herbs are used as remedies to alleviate pain, provide relief from a variety of symptoms related to an illness, and support overall health and well-being. Side effects from herbs can include, but are not limited to: digestive complaints, headaches, and possible aggravation of symptoms. If any side effects are felt, you should discontinue the use of the herbs and call me to consult on the issue.

Massage:

I use two different types of massage in my practice, Japanese Zen-style Shiatsu, and Chinese Tuina. These types of massage are used to alleviate symptoms and to balance the body's energy. Side effects of massage can include, but are not limited to: bruising and soreness.

The treatment above has been explained to me, and I have had the opportunity to ask any questions I have regarding their application.

I understand that I may refuse any of these treatments, and discontinue treatment at any time.

Patient Signature: _____

Printed Name: _____

Date: _____

CANCELLATION POLICY

At Flourish Acupuncture & Healing Arts your health and well-being are taken to heart. We set aside time especially for you to best address your personal needs.

Please be considerate and mindful of other clients needs by letting us know if you need to reschedule your appointment with as much notice as possible. This will allow others to benefit from this time if you are unable to make it.

The cancellation fee within 24 hours is \$50. Completely missing your appointment without any notification is charged the full amount of \$110/\$130. Thank you for your understanding.

Patient Signature: _____

Print Name: _____

Date: _____

Patient Intake Form

Tamara Clarke, L.Ac., Dipl. OM
Hannah Tran, L.Ac., Dipl. OM

Name _____ Date _____

Birthdate _____ Age _____ Email _____

Address _____

Preferred Phone _____ Alternate Phone _____

Emergency Contact Name/Number _____

Main Problem _____

When did it start? _____

Occupation _____ Primary Care Doctor _____

Referred by _____

Past Medical History: (Please include dates)

Significant Illnesses: Cancer Diabetes High Blood Pressure Heart Disease
 Hepatitis Rheumatic Fever Thyroid Disease Seizures Other

Surgeries: _____

Significant Trauma: (auto accidents, falls, etc.) _____

Allergies (drugs, chemicals, foods): _____

Medicines taken within last 2 months (include vitamins, herbal supplements, etc.): _____

Exercise: _____ Stresses: _____

Habits: Cigarettes Coffee Tea Cola Alcohol Drugs Sugar Salt Other _____

Family Medical History: Diabetes Cancer High Blood Pressure Heart Disease Stroke
Seizures Asthma Allergies Alcoholism Other_____

General:

Poor Appetite	Heavy Appetite	Poor Sleep	Heavy Sleep
Insomnia	Fatigue	Tremors	Vertigo
Cold Hands	Cold Feet	Cold Back	Cold Abdomen
Fever	Chills	Night Sweats	Sweat Easily
Cravings	Localized Weakness	Poor Coordination	Change in Appetite
Sudden Energy Drop At _____ (time)		Peculiar Tastes or Smells_____	
Strong Thirst (hot/cold drinks)_____		Bleed or Bruise Easily_____	

Skin & Hair:

Rashes	Ulcerations	Hives	Itching
Eczema	Pimples	Dandruff	Loss of Hair
Changes in Hair/Skin_____		Other Hair/Skin Problems_____	

Head, Eyes, Ears, Nose, & Throat:

Dizziness	Concussions	Migraines	Glasses
Eye Strain	Eye Pain	See "Floaters"	Night Blindness
Colorblindness	Cataracts	Blurry Vision	Earaches
Ringing in Ears	Poor Hearing	Nose Bleeds	Sinus Problems
Mucus	Dry Throat	Dry Mouth	Copious Saliva
Teeth Problems	Jaw Clicks	Grinding Teeth	Facial Pain
Gum Problems	Spots in Eyes	Recurrent Sore Throats	
Mouth/Lip Sores	Headaches	Other Head/Neck Problems_____	

Cardiovascular:

High Blood Pressure	Low Blood Pressure	Chest Pain	Irregular Heartbeat
Dizziness	Fainting	Cold Hands/Feet	Swollen Hands/Feet
Blood Clots	Stroke	Difficulty Breathing	

Respiratory:

Cough	Coughing Blood	Asthma	Bronchitis
Pneumonia	Difficulty Breathing	When Lying Down	Tight Chest
Production of Phlegm (what color)_____			

Digestion:

Nausea	Acid Reflux	Vomiting	Bowel Movements:
Belching	Gas	Black Stools	Frequency_____
Bad Breath	Rectal Pain	Hemorrhoids	Texture/Form_____
Constipation	Watery Stool	Sensitive Abdomen	Blood?_____
Pain or Cramps	Laxative Use		Mucus?_____

Genito-Urinary:

Women's Health:

Number of Pregnancies _____ Age at First Menses _____ Flow: Heavy or Light
Number of Births _____ Period (days) _____ Cycle Every ___ Days
Last PAP _____ Vaginal Discharge Clots PMS
Menopause _____ Breast Lumps _____ Miscarriages Birth Control Type _____
Any discomforts or difficulties you would like to discuss? _____

Musculoskeletal:

Neck Pain _____ Muscle Pains _____ Back Pain (where) _____
Joint Pain (where) _____ Other joint or bone problems _____

Neuropsychological:

Seizures	Areas of Numbness	Poor Memory	Concussion
Depression	Anxiety	Easily Angered	Easily Stressed

Any treatment for emotional issues?

Other neurological or emotional issues?

Classical Questions

Preferences Most Liked Least Liked

Season

Taste

Climate

Time of Day

Temperature _____

This Clinic Protects Your Health Information and Privacy

Dear Valued Patient,

This notice describes our office's policy for how medical information about you may be used and disclosed, how you can get access to this information, and how your privacy is being protected.

In order to maintain the level of service that you expect from my office, we may need to share limited personal medical and financial information with your insurance company, with Worker's Compensation (and your employer as well in this instance), or with other medical practitioners that you authorize.

Safeguards in place at our office include:

- Limited access to facilities where information is stored.
- Policies and procedures for handling information.
- Requirements for third parties to contractually comply with privacy laws.

Types of information that we gather and use:

In administering your health care, we gather and maintain information that may include non-public personal information.:

- About your financial transactions with us (billing transactions).
- From your medical history, treatment notes, all test results, and any letters, faxes, emails or telephone conversations to or from other health care practitioners.
- From health care providers, insurance companies, workman's comp and your employer, and other third part administrators (e.g. requests for medical records, claim payment information).

We value our relationship, and respect your right to privacy. If you have questions about these privacy guidelines, please call us during regular business hours at (678) 622-0001.

Sincerely,

Tamara Clarke, L.Ac., Dipl. OM
Hannah Tran, L.Ac., Dipl. OM
615 Green St. Suite 201
Gainesville, GA 30501
(678) 622-0001