***WELCOME!***

**Please fill out the information below so we can better serve you. Thank you!**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex\_\_\_F\_\_\_\_M\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Physician Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is it okay to send reminders via Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_or \_\_\_\_\_\_\_Text \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently using medication or herbal medicine/supplements? \_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_No

If yes, please list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical History:** Please check all of the following that apply to you currently and in the past.

\_\_\_\_\_ Arthritis \_\_\_\_\_ Abortion \_\_\_\_\_ Abnormal Menses

\_\_\_\_\_ Allergies – Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Anemia

\_\_\_\_\_ Angina \_\_\_\_\_ Asthma \_\_\_\_\_ Artificial Joints

\_\_\_\_\_ Bleeding Tendency \_\_\_\_\_ Bronchitis \_\_\_\_\_Cancer Type\_\_\_\_\_\_

\_\_\_\_\_ Chronic Fatigue \_\_\_\_\_ Convulsions/Seizures \_\_\_\_\_ Diabetes

\_\_\_\_\_ Diarrhea/Constipation \_\_\_\_\_ Depression/Anxiety \_\_\_\_\_Emphysema

\_\_\_\_\_ Excess Thirst \_\_\_\_\_ Headaches/Migraines \_\_\_\_\_ Heart Disease

\_\_\_\_\_ Heartburn \_\_\_\_\_Hepatitis\_\_\_\_\_A\_\_\_\_\_B\_\_\_\_\_C

\_\_\_\_\_ High Blood Pressure \_\_\_\_\_HIV Positive \_\_\_\_\_ Hypoglycemia

\_\_\_\_\_ Hospitalizations/Surgical Procedures\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Herpes \_\_\_\_\_ Kidney Disease \_\_\_\_\_ Liver Condition

\_\_\_\_\_ Osteoporosis \_\_\_\_\_ Pacemaker \_\_\_\_Palpitations/Arythmia

\_\_\_\_\_ Peptic Ulcer \_\_\_\_\_ Pregnant, # of weeks\_\_\_ \_\_\_\_\_ Prostrate Problems

\_\_\_\_\_ Sinusitis \_\_\_\_\_ Stroke \_\_\_\_\_ Thyroid Condition

\_\_\_\_\_ Tobacco Use \_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family History:** Please check mark any that apply and explain the relationship.

\_\_\_\_\_ Cancer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Heart Disease\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Hypertension\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Autoimmune Condition\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Skin History:** Please check mark any that apply to you.

\_\_\_\_\_ Acne \_\_\_\_\_ Botox

\_\_\_\_\_ Dry skin \_\_\_\_\_ Dark circles under eyes \_\_\_\_\_ Dermal fillers \_\_\_\_\_ Face surgeries/procedures \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Face puffiness \_\_\_\_\_ Microdermabrasion within the last 6 weeks

\_\_\_\_\_ Oily skin \_\_\_\_\_ Rosacea \_\_\_\_\_ Sensitive skin

\_\_\_\_\_ Under eye puffiness \_\_\_\_\_ Under chin puffiness

**Please describe your current concern\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**When it began\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

What Treatments have you received for this concern? \_\_\_\_\_ Surgery \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Facials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Nutrition Support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Facial Rejuvenation/Cosmetic Acupuncture \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How often are your symptoms present?**

**\_\_\_\_**Constant \_\_\_\_Frequent \_\_\_\_Intermittent \_\_\_\_Occasional

**Which or the following is part of your lifestyle?**

\_\_\_\_Tobacco Smoking \_\_\_\_Recreational Drugs \_\_\_\_Exercise

\_\_\_\_Coffee Drinking \_\_\_\_Alcohol Drinking \_\_\_\_Birth Control Pills

\_\_\_\_High Stress \_\_\_\_Relaxation/Meditation

\_\_\_\_Poor Digestion (Gas/bloating/diarrhea/constipation)

**Please check which apply to you.**

\_\_\_\_High Appetite \_\_\_\_Low Appetite \_\_\_\_\_Artificial Sweeteners/Colors Intake

\_\_\_\_Thirst \_\_\_\_Sugar Intake \_\_\_\_\_Gluten Free

\_\_\_\_Dairy Intake \_\_\_\_Soft Drinks Intake \_\_\_\_\_ Dairy Free

\_\_\_\_# of glasses of water/liquid per day

|  |
| --- |
| **Cancellation Policy – 24 Hour Notice Required**  Our mission is to help as many people as possible while offering the highest level of care possible. With respect to these intentions, we **require 24 hours notice** in advance of an appointment if it is necessary to cancel or reschedule. This allows us enough time to contact other patients and fulfill their desire and need for this appointment time.  All appointments that are cancelled or rescheduled with less than 24 hours notice, and appointments missed without notice, will be charged a **cancellation fee of $40.** Thank you for your understanding.  Patient Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**CONSENT FORM FOR FACIAL REJUVENATION ACUPUNCTURE**

**Instructions**

This informed consent form has been prepared to inform you about the expectations and risks involved with the Facial Rejuvenation Acupuncture System. Please be advised that this is not a surgical procedure. It is important to read this information carefully and completely. Please read carefully and sign the consent form below for facial rejuvenation acupuncture treatments, as proposed by your acupuncturist, indicating that you have read all of the information presented in this form.

**Introduction**

Facial Rejuvenation Acupuncture treatments involve the insertion of acupuncture needles to the face, neck and body in order to reduce he visible signs of aging. In Eastern medicine, pathways of energy flow throughout the entire body from the soles of the feet up to the face and head; consequently, a facial acupuncture treatment addresses the entire body constitutionally, and is not merely “cosmetic”. An acupuncture facial involves the patient in an organic, gradual process,that is customized for each individual. It is no way analogous to, or a substitute for, a surgical “face lift”. A treatment session may confine itself solely to facial acupuncture, or it may be used in conjunction with other procedures.

**Benefits**

Facial acupuncture can increase facial tone and collagen, decrease puffiness around eyes and face, as well as bring more firmness to sagging skin, enhance the radiance of the complexion, and flesh out sunken areas. Customarily, fine wrinkles will disappear, and deeper ones be reduced. As this treatment is not merely confined to the face, but incorporates the entire body and constitutional issues of health.

**Cautions/Contraindications**

I do not have the following contraindications for Facial Rejuvenation Acupuncture and will let my acupuncturist know if I have any of the following conditions in the future…

* AIDS
* Acute flu/cold
* Botox, Dermal Filler within the last 4 weeks (Restylane, Juvederm)
* Cancer
* Hemophilia
* Herpes Outbreak
* Hepatitis
* High Blood Pressure – that is not controlled
* Microdermabrasion – within the last 6 weeks
* Pituitary Disorder such as a tumor
* Pregnancy
* Severe Cystic Acne
* Severe Migraines
* Taking Strong Blood Thinners – easily bruises

**RISK OF FACIAL ACUPUNCTURE**

Every procedure involves a certain amount of risk and it is important that you understand the risks involved with an acupuncture facial. An individual’s choice to undergo acupuncture facial is based upon the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them with your acupuncturist to make sure you understand the risks, potential complications, and consequences of an acupuncture facial.

* **Bleeding** – It is possible, though very unusual, that you may have problems with bleeding during an acupuncture facial. Should post-acupuncture bleeding occur, it will usually only consist of a few drops.
* **Infection** – Infection is very unusual after an acupuncture facial. Should an infection occur, additional treatment, including antibiotics, may be necessary.
* **Damage to Deeper Structures** – Deeper structures such as blood vessels and muscles are rarely damaged during the course of a facial acupuncture treatment. If this does occur, the injury may be temporary or permanent.
* **Asymmetry** – The human face is normally asymmetrical. Thus, there can be a variation from one side to the other in the results attained from a facial acupuncture treatment.
* **Bruising and Puffiness** – There is a possibility of bruising (hematomas), puffiness, blood, tingling, itching, warmth, pain or other symptoms at the site of the needle.
* **Nerve Injury** – Injuries to the motor or sensory nerves rarely result from facial acupuncture treatments. Nerve injuries may cause temporary or permanent loss of facial movements and feeling. Such injuries may improve over time. Painful nerve scarring is very rare.
* **Needle Shock** – Needle shock is a rare complication after an acupuncturist facial.
* **Unsatisfactory Results** – There is a possibility of poor results from an acupuncture facial. You may be disappointed with the results.
* **Allergic Reactions** – In rare cases, local allergies to topical preparations have been reported. Systemic reactions, which are more serious may occur to herbs used during an acupuncture facial. Allergic reactions may require additional treatment.
* **Delayed Healing** – Delayed wound healing or wound disruptions are a rare complication experience by patients in the aftermath of an acupuncture facial. There is a greater risk for smokers, who frequently have dry, sagging skin, which does not heal as readily as that of non-smokers.
* **Long Term Effects** – Subsequent alterations in facial appearance may occur as the result of the normal process of aging, weight loss or gain, sun expose, or other circumstances not related to an acupuncture facial does not arrest the aging process or produce permanent tightening of the face and neck. Future facial acupuncture maintenance treatments, or other treatments, may be necessary to maintain the results of an acupuncturist facial.
* **Lightheaded** – Sometimes after receiving an acupuncture treatment you may feel a little bit light headed. If this is the case, please sit for a while in our waiting room and drink some water. In a few minutes you will feel relaxed and clear headed
* **Infra-red Lamp** – An infra-red heat lamp may be used during treatment. Every caution is taken in the use of infra-red lamps, but the possibility of skin contact and mild burns exists, especially is a patient tried to move the lamp themselves.

**Additional Care Necessary**

There are many variable conditions in addition to risk and potential complications that may influence the long term result from acupuncture facial treatments. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with an acupuncture facial treatment. Other complications and risks can occur but are even more uncommon. Should complications occur, other treatments may be necessary. The practice of acupuncture is not an exact science. Although good results are expected, there is no guarantee or warranty, either expressed or implied, on the results that may be obtained.

**Financial Responsibilities**

The cost of acupuncture facial involves several charges for the services provided. The total includes fees charged by your acupuncturist, the cost of acupuncture supplies, and topical preparations. Depending on whether the cost of your acupuncture facial is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. Most insurances do not cover *Facial* acupuncture.

**Disclaimer**

Informed consent documents are used to communicate information about the proposed procedure along with disclosure of risks and alternative forms of treatment(s). The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of the most patients in most circumstances. However, informed consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your acupuncturist may provide you with additional or different information, which is based on upon all the facts in your particular case and the present state of knowledge within the field of acupuncture. Informed consent documents are not intended to define or serve as the standard of acupuncture. Standards of acupuncture are determined on the basis of all of the facts involved in an individual case and are subject of change as scientific knowledge and technology advance and as practice patterns evolve.

I have read the above consent. My signature authorizes Patricia Soza LAc. CNC to treat me with the above procedures for my present condition(s), and any future condition(s). I have the right to refuse or discontinue any treatment at any time and understand that this refusal may affect the expected results.

I do not expect the acupuncturist to be able to anticipate and explain all the risks and complications, and I wish to rely on the acupuncturist to exercise judgment during the course of the procedure, which the acupuncturist feels at the time, based upon the facts then known, is in my best interests. I authorize the release of any medical or other information necessary for insurance claim processing or for the coordination of my care, intended to manage my health condition(s) in my best interest and assure the optimal outcome of my acupuncture treatments.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Patient, Parent or Guardian)

Witness to Patient’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Staff or Acupuncturist)