

CONFIDENTIAL PATIENT INFORMATION FOR ACUPUNCTURE

Name: _____

Address: _____

City: _____ Province: _____ Postal: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth (mm/dd/yy): _____ Sex: _____

Marital Status: _____ Height: _____ Weight: _____

Employer: _____ Job Title: _____

Family Physician: _____ Phone: _____

Emergency Contact (relationship): _____ Phone: _____

How would you like to receive your appointment reminders: Phone E-Mail Text Message*

*Cell phone provider (only required for TEXT reminder): Bell Telus Fido Koodo Virgin PC Mobile Rogers

How did you hear about our office? _____ If referred, who can we thank? _____

Are you currently taking any medications? *If yes, please list* _____

Are you currently taking any vitamins or herbal medicines? *If yes, please list* _____

Are you currently pregnant or breastfeeding? _____

Do you have any contagious diseases at this time? *(Hepatitis, HIV, TB, Influenza, etc.)* _____

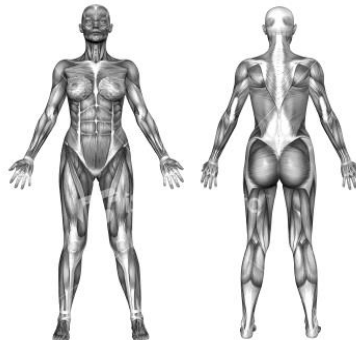
Primary health concerns & complaints _____

How long have you had this condition? _____

Have you ever experienced this before? When? _____

Is it getting worse? _____

Please mark on the figures below where you are experiencing any discomfort, pain or tension.



Ph: 403.271.1081 | Fax: 403.271.4913

173 Southcentre Mall | 100 Anderson Road S.E. Calgary, Alberta | T2J 3V1

INFORMED CONSENT FOR ACUPUNCTURE

Dr. Chris Sitter, R.Ac

I hereby consent to acupuncture treatments and other procedures with the scope of the practice of acupuncture on me (or on the patient named below for whom I am legally responsible) by acupuncturist Dr. Chris Sitter. Methods of treatment may include acupuncture, dry needling (IMS), moxibustion, cupping, gua sha, electro acupuncture, herbal medicines, kinesiology tape or nutritional counselling based on the concepts of Traditional Chinese Medicine.

I have provided all health information and will update my practitioner if anything changes. I understand that acupuncture is a generally safe method of treatment, but that it may occasionally have some side effects, including bruising, numbness, tingling or pain near needling site that may last a few days, and in rare cases, dizziness or fainting, and will not hold Chris Sitter or the establishment liable for any side effects or complications as a result of treatment. Bruising is a common side effect of cupping and gua sha. I also understand that results are not guaranteed. Acupuncture treatment is not a replacement for diagnostic medical procedures. An acupuncturist does not diagnose according to standard medical practice, nor should a "Chinese Diagnosis" be considered a replacement for standard medical evaluation or testing. If you have any concerns about what may be causing your symptoms, you must see a medical doctor.

I understand that there will be a full charge for all missed appointments or cancellations without 24 hours notice.

Date: _____

Patient Signature (Legal Guardian)

Witness Signature

Name (Please Print)

Name (Please Print)

Ph: 403.271.1081 | Fax: 403.271.4913

173 Southcentre Mall | 100 Anderson Road S.E. Calgary, Alberta | T2J 3V1



Office Financial Policy

Cancellation Policy

The time you have booked for your appointment is valuable. If you will not be able to attend a scheduled appointment, it is your responsibility to call the office with at least 24 hours notice to reschedule it. Failure to do so will result in 100% of the appointment cost being charged to you.

Direct Billing

Insurance Company _____ Name of Plan Holder _____

ID # _____ Policy# _____

I hereby assign benefits payable for the eligible claims to the Provider responsible for submitting my claims electronically to the group benefits plan and I authorize the insurer/plan administrator to issue payment directly to the Provider. In the event my claim(s) are declined by the insurer/plan administrator, I understand that I remain responsible for payment to the Provider for any services rendered and/ or supplies provided.

Date: _____

Patient Signature (Legal Guardian)

Witness Signature

Name (please print)

Name (please print)

Appointment Reminders

Please understand that it is your responsibility to keep booked appointments. As a courtesy we offer email/text message reminders. If for whatever reason you do not get a confirmation by text or email, it is still your responsibility to be on time for this appointment.

.....
CREDIT CARD INFORMATION

Visa Mastercard

Card Number _____ CardExpiry _____

Signature _____

ALL HARD COPIES OF CREDIT CARD INFORMATION WILL BE DESTROYED ONCE ENTERED INTO OUR COMPUTER TO ENSURE YOUR INFORMATION IS KEPT SECURE.

Ph: 403.271.1081 | Fax: 403.271.4913

173 Southcentre Mall | 100 Anderson Road S.E. Calgary, Alberta | T2J 3V1