

Welcome to Our Community!

Please take a minute to read this introduction to our clinic and to our community.
We are delighted that you are interested in joining us!

What is different about We the People Community Acupuncture?

- **We know that frequent treatment can be the key to good results**

Acupuncture is a PROCESS. It is very rare for any acupuncturist to be able to resolve a problem completely with one treatment. The usual American model of treatment once every few weeks or once a month is primarily due to cost. In China, a typical treatment protocol for a chronic condition could be acupuncture every other day for three months or for an acute condition, every day for two weeks! Most of our patients don't need that much acupuncture, but virtually every patient requires a course of treatment, rather than a single treatment, in order to get what they want from acupuncture.

On your first visit, your acupuncturist will suggest a course of treatment, which can be anything from "we'd like to see you twice a week for the next few weeks" to "we'd really like to see you every day for the next four days." This suggestion is based on our experience with treating different kinds of conditions. If you don't come in often enough or long enough, acupuncture may not work as well for you. The purpose of our sliding scale is to help you engage with the process of treatment in order to get good results.

- **We have a sliding scale**

Acupuncture appointments are on a sliding scale of \$20-40. You decide what you can afford. There is a one-time \$10 paperwork fee for your first appointment.

At We the People, the way we can make acupuncture affordable and still make a living ourselves is to see multiple patients per hour. This is how acupuncture is practiced traditionally in Asia -- many patients per hour using simple and effective treatments and relying on the power of the needles and your energy to do the healing.

Because we have a sliding scale, we cannot do insurance billing (that's the insurance companies' rule). If you have insurance that covers acupuncture, we'll be happy to give you a payment receipt so you can submit it; that's OK with the insurance companies.

We the People Community Acupuncture does not receive grants, state or federal money, or insurance reimbursement. WPCA exists because patients pay for their treatments – it a sustainable community business model.

- **We treat in a community setting**

Most US acupuncturists treat patients on tables in individual cubicles. This is not traditional in Asia, where acupuncture usually occurs in a community setting. In our clinic we use recliners, clustered in groups in a large, quiet, soothing space. Treating patients in a community setting has many benefits: it's easy for friends and family members to come in for treatment together; many patients find it comforting; and a collective energetic field becomes established which actually makes individual treatments more powerful. The style of acupuncture we practice at WPCA allows patients to keep their needles in as long as they want, and the "right" amount of time varies from patient to patient. Most people learn after a few treatments when they feel "done"; this can take from twenty minutes to an hour. Many people fall asleep and wake feeling refreshed!

In terms of how long you'd like to stay --when you check in, tell the staff if you need to leave at a certain time and we'll make sure that you're out by then. Otherwise, you may rest as long as you like. In general, if you feel done, open your eyes and give us a meaningful look -- if your eyes are closed, we'll think you're resting and we won't wake you up.

Part of the success of this model is that patients learn the "routine" and take on a lot of responsibility for the appointments. Re-scheduling and making payments happens at the front desk BEFORE each treatment, so that you can relax and enjoy the treatment. Please take all personal belongings (bags, shoes, etc.) with you into the treatment room. And of course, please turn off your cell phone.

Our Commitment to You

We want to make it possible for you to receive acupuncture regularly enough and long enough to get better and stay better. We want our community to be welcoming to all different kinds of people. We want to give you the tools to take care of your own health so that you will not need to rely on corporations like Big Insurance or Big Pharmaceuticals for costly, high-tech interventions. We will provide a safe environment with skilled practitioners.

And, last, but not least...please enjoy the space. We do, and hope that We the People Community Acupuncture can be an important part of your community. Thank you,

We the People Community Acupuncture Staff



PATIENT INFORMATION	CONTACT INFORMATION
<p>Date _____</p> <p>Name _____</p> <p>Address _____</p> <p>City State Zip _____</p> <p>Age _____ Birthdate _____</p> <p>Occupation _____</p> <p>Company name _____</p> <p>Primary physician _____</p> <p>Physician phone number _____</p> <p>How did you hear about us? _____</p> <p>_____</p>	<p>Home phone _____</p> <p>Work phone _____</p> <p>Other/cell phone _____</p> <p>Email _____</p> <p>Another person we may contact if needed:</p> <p>Name _____</p> <p>Relationship _____</p> <p>Home phone _____</p> <p>Work phone _____</p>

HEALTH HISTORY	
<p>What are your primary concerns for coming in for treatment?</p> <p>1- _____</p> <p>2 - _____</p> <p>3 - _____</p> <p>How is your sleep? _____</p> <p>_____</p> <p>How is your digestion? _____</p> <p>_____</p> <p>List medications or vitamin supplements you are taking.</p> <p>_____</p> <p>_____</p> <p>List serious illnesses, accidents or surgeries.</p> <p>_____</p> <p>_____</p> <p>Check illnesses that have occurred in blood relatives.</p> <p>___ Diabetes ___ High blood pressure ___ Stroke</p> <p>___ Cancer ___ Heart disease ___ Kidney disease</p>	<p>Check symptoms you have or have had in the last year:</p> <ul style="list-style-type: none"> ___ Depression ___ Difficulty in focusing ___ Dizziness ___ Easily startled ___ Excessive worry ___ Excessive anger ___ Excessive fear ___ Fatigue/tiredness ___ Headaches ___ Loss of sleep/poor sleep ___ Loss or gain of weight ___ Nervousness/irritability ___ Overwhelmed by life <p>Check conditions you have or have had in the past:</p> <ul style="list-style-type: none"> ___ AIDS ___ Allergies ___ Anemia ___ Arthritis ___ Bleeding disorders ___ Breast lump ___ Cancer ___ Diabetes <p>How long has it been since you have had a complete medical exam? _____</p>

HEALTH HISTORY...CONTINUED

Check symptoms you have or have had in the last year:

MUSCLE/JOINT/BONES

- Tremors c Cramps
- Swollen joints

Pain, weakness, numbness in:

- Arms or Hips
- Back Legs
- Feet
- Neck
- Hands
- Shoulders
- Other _____

EYES/EAR/NOSE/THROAT/RESPIRATORY

- Asthma/wheezing
- Blurred or failing vision
- Difficulty breathing
- Earache
- Enlarged glands
- Eye pain
- Frequent colds
- Hay fever
- Hoarseness
- Gum trouble
- Nose bleeds
- Loss of hearing
- Persistent cough
- Ringing in ears
- Sinus problems

SKIN

- Boils
- Bruise easily
- Dry skin
- Itching/rash
- Sensitive skin
- Sore won't heal
- Sweats

GENITO/URINARY

- Blood/pus in urine
- Frequent urination
- Inability to control urine
- Kidney infection/stones
- Lowered libido

CARDIOVASCULAR

- Chest pain
- Hardening of arteries
- High or low blood pressure
- Pain over heart
- Poor circulation
- Previous heart attack
- Rapid/irregular heart beat
- Swelling of ankles

GASTROINTESTINAL

- Belching, gas or bloating
- Colon trouble
- Constipation
- Diarrhea
- Difficulty swallowing
- Distention of abdomen
- Excessive hunger
- Gall bladder trouble
- Hemorrhoids (piles)
- Indigestion
- Nausea
- Pain over stomach
- Poor appetite
- Vomiting

FOR MEN ONLY

- Erection difficulties
- Penis discharge
- Prostate trouble

FOR WOMEN ONLY

- Bleeding between periods
- Clots in menses
- Excessive menstrual flow
- Extreme menstrual pain
- Irregular cycle
- Menopausal symptoms
- PMS
- Previous miscarriage
- Scanty menstrual flow

Could you be pregnant? _____

SIGNATURE

The information on this form is correct to the best of my knowledge.

Signature _____ Date _____



we the people
community
acupuncture

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FINANCIAL POLICY

WE THE PEOPLE COMMUNITY ACUPUNCTURE MAKES EVERY ATTEMPT TO MAKE ALTERNATIVE HEALTH CARE, AS ACUPUNCTURE AND ORIENTAL MEDICINE, AVAILABLE TO AS MANY PEOPLE AS POSSIBLE, AT THE MOST AFFORDABLE RATES.

IN RESPECT FOR OUR INTENTION TO OFFER HIGH QUALITY HEALTH CARE AT AFFORDABLE PRICES, WE ASK FOR 24 HOURS NOTICE IN ADVANCE OF AN APPOINTMENT IF IT IS NECESSARY TO CANCEL OR RESCHEDULE AN APPOINTMENT.

ALL APPOINTMENTS THAT ARE RESCHEDULED OR CANCELLED WITH LESS THAN 24 HOUR ADVANCE NOTICE, AND APPOINTMENTS MISSED WITHOUT NOTICE, WILL BE CHARGED THE REGULAR FEE FOR THAT APPOINTMENT. IF APPOINTMENTS HAVE BEEN PURCHASED IN A PACKAGE, THE MISSED, CANCELLED OR RESCHEDULED APPOINTMENT WILL BE DEDUCTED FROM THE NUMBER OF REMAINING APPOINTMENTS IN THAT PACKAGE.

THANK YOU FOR YOUR UNDERSTANDING,

WE THE PEOPLE COMMUNITY ACUPUNCTURE STAFF

SIGNATURE _____ DATE ____ / ____ / ____

PRINTED NAME _____

Informed Consent

Acupuncture means the stimulation of a certain point or points near the surface of the body by insertion of special needles. The purpose of acupuncture is to prevent or modify the perception of pain, and is thus a form of pain control. In addition, through normalization of physiological functions, it is also effective in the treatment of certain diseases or dysfunctions of the body.

Acupuncture includes needle insertion and moxabustion (the therapeutic use of thermal stimulus at acupuncture points by burning artemesia).

The Potential Risks:

Slight pain or discomfort at the site of needle insertion, infection (rare), bruises, weakness, fainting, slight blistering, and aggravation of problematic systems existing prior to acupuncture treatment.

I state that I do not have any of the following conditions:

- * Pregnancy
- * Bleeding Disorders
- * Pacemaker
- * High blood Pressure
- * Local Infections
- * Use of Anticoagulants

If I do have any of the above conditions, I have listed them here:

The Potential Benefits :

Acupuncture may allow for the painless relief of one's symptoms without the need for drugs, and improve the balance of bodily energies leading to the prevention of illness, or the elimination of a presenting problem. No absolute guarantee can ever be given to the efficacy of any treatment.

With this knowledge I voluntarily consent to the above procedures.

Signature of Patient or Person Authorized to Consent

Date