

WELCOME TO CATHERINE STREET CLINIC

ACUPUNCTURE AND EAST ASIAN MEDICINE

INFORMATION AND CONSENT FORM

"*EAST ASIAN MEDICINE*" means a health care service using East Asian Medical diagnosis and treatment to promote health and treat organic or functional disorders.

The scope of practice for an East Asian Medicine practitioner in the State of Washington includes the following: the use of acupuncture needles to directly or indirectly stimulate acupuncture points and meridians; use of electrical, mechanical, or magnetic devices to stimulate acupuncture points and meridians; *moxibustion* (heat applied to points), acupressure; cupping on the body; dermal friction technique; infra-red wave therapy; *sonopuncture*; *laserpuncture*; point injection therapy; dietary advice and health education based on East Asian medical theory; the recommendation & prescribing of herbal medicines and nutritional supplements; breathing, relaxation, and East Asian exercise techniques; and *Qi Gong*; East Asian *Tui na* (bodywork) which does not include spinal manipulation; and specific heat and cold therapies.

Acupuncture is performed by the insertion of ultra-thin pins through the skin to stimulate the body's own electrical pathways. This promotes the secretion of the body's own neurotransmitters (pain relievers, anti-inflammatory chemicals, etc.). Our pins are all disposable and only used once. Upon removal, the pins are placed in a biohazard waste container.

Occasionally a small drop of blood may be expressed upon removal of acupuncture pins; and there might be a bruise (not so common). If long term muscle tension has been treated, you could feel sore that first night where the muscle has been "released". Muscle waste products such as lactic acid, free radicals, and toxins get released from the body and will try to exit. For this reason, we always recommend drinking lots of water to assist this detoxification process. During an Acupuncture treatment, electrical pathways of the body are stimulated; the sensation can range from nothing at all, to strong sedation and fatigue. Most people report a feeling of "deep relaxation". However, if one has not eaten that day, or is excessively depleted, there can be a woozy sensation, dizziness or even nausea. This is rare, but it does happen. Patients must always eat well on the day of treatment. Rare side effects of Acupuncture are pneumothorax, broken needle, or infection. Again, our clinic only uses sterile, disposable, one-time use needles.

Herbal therapy involves the prescribing of herbs and/ or nutritional supplements to correct the imbalance of a particular patient. Each body's chemistry is unique, and thus the herb prescribing process often involves refining. As your condition changes, your herbs/supplements might need to be adjusted in dose, or even formula. Always let your practitioner know if you are experiencing any adverse reactions such as stomach upset or changes in bowel habits. The correct formula balance should cause little to no side effects.

East Asian Medicine is a complementary health modality that is not meant to supplant the other members of your health team. We expect that all of our patients also have a primary care practitioner (MD, DO, or ND) as well, and that this practitioner is aware of any serious medical disorders that arise.

I have read the above consent. I have also had an opportunity to ask questions about its content, and by signing below, I agree to the above named procedures. 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. I also understand that I am responsible for payment of treatments, whether I have insurance coverage or not. In the event that my insurance will not pay for treatments, I am responsible for all balances owed.

Print Patient Name _____

Patient's Signature (or Guardian's Signature) _____

Witness to Patient's Signature _____ **Date** _____

PRACTITIONER QUALIFICATIONS AND LICENSE INFORMATION

MINH VU, EAMP, Dipl.OM: MAc.OM (OREGON COLLEGE OF ORIENTAL MEDICINE, 1999) NATIONAL BOARD CERTIFICATION FOR ACUPUNCTURE & ORIENTAL MEDICINE (NCCAOM #12803); **B.S.** (PORTLAND STATE UNIVERSITY-OREGON); STATE OF WASHINGTON LICENSE OF EAST ASIAN MEDICAL PRACTICE (AC 555)

INGRID VU, EAMP, Dipl.OM: MAc.OM (OREGON COLLEGE OF ORIENTAL MEDICINE, 1999); NATIONAL BOARD CERTIFICATION FOR ACUPUNCTURE & ORIENTAL MEDICINE (NCCAOM #13410); **B.A.** (UNIVERSITY OF WISCONSIN – MADISON); STATE OF WASHINGTON LICENSE OF EAST ASIAN MEDICAL PRACTICE (AC 541)

Catherine St. Clinic

350 Catherine Street
Walla Walla, WA 99362
P:509-525-0886 F:509-525-9836

Patient Information and History

Patient Name (full): _____ Date: _____
Address: _____ City/State: _____ Zip: _____
Home Telephone: _____ Work Telephone: _____ Cell: _____
Date of Birth: _____ Social Security Number: _____
Email address: _____ Gender: M F
Marital Status: S M # of Children: _____
Emergency Contact: _____ Telephone: _____ Relationship: _____

- What are your current health concerns? (List in order of importance)

- Do you have a severe bleeding disorder OR a pacemaker? _____
- Any chronic conditions or infectious diseases? _____
- Have you experienced any major traumas? _____
- Surgeries (with estimated dates): _____
- List current medications you are now taking: _____

- Vitamins/Supplements taken regularly: _____
- Allergies (if known): _____
- Primary Care Physician: _____

Please mark if you have ever had any of the following conditions:

Heart Problems _____ High Blood Pressure _____ Cancer _____ Mental Disorders _____ Hepatitis _____
Addictions (Drug or Alcohol) _____ Immune Disorders _____ TB _____ Diabetes _____ Thyroid Problems _____
Panic Attacks _____ Claustrophobic Tendencies _____ Eating Disorders _____
What types of illnesses have occurred in your biological family? Please list (E.g. mother-heart disease, grandfather-diabetes): _____

Lifestyle Questions

Occupation: _____ Employer: _____ Hrs. per week: _____
Do you enjoy your work? Y N Why or Why not? _____
Special interest & hobbies? _____
Do you have a history of abuse inflicted against you? _____
What do you feel is your biggest limitation to optimal health / happiness? _____

Are you nervous /scared about Acupuncture, or medical offices in general? _____
How did you hear about the Catherine Street Clinic? _____