



ANDREA GEIGER, L.AC, MSOM  
FIVE GRACES ACUPUNCTURE  
fivegracesacupuncture@gmail.com  
843-737-3767

## NEW CLIENT INFORMATION SHEET

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Name:	Gender:	Age:	Height:	Weight:
	<input type="checkbox"/> M <input type="checkbox"/> F			
Address:	Date of Birth:			
Home phone:	Cell phone:	Work phone:		
Email:	Best way to contact you (call, text, email):			
Name of emergency contact (local):	Contact phone:	Relationship:		
Marital Status:	Do you have children? If so, how many?:			
Occupation:	Primary Care Physician/Clinic Name:			
Main issue/concern(s) you would like help with today?				
1.				
2.				
3.				

Do you have an existing medical issue(s) and diagnosis? Please list below with onset date.



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## MEDICAL HISTORY/INFORMATION

Please list allergies (medications, foods, chemical/ environmental):

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Please list prescribed medications and any significant supplements:

<i>Drug</i>	<i>Dosage</i>	<i>Amount / Reason for Taking</i>
1.		
2.		
3.		
4.		
5.		

Please list any surgeries, hospitalizations or major traumas:

<i>Surgery/Hospitalization/Trauma</i>	<i>Year</i>	<i>Reason</i>
1.		
2.		
3.		
4.		



## INFORMED CONSENT TO ACUPUNCTURE AND ORIENTAL MEDICINE TREATMENT AND CARE

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I hereby request and consent to the performance of acupuncture treatments and other Oriental Medicine techniques and adjunctive therapies on me (as listed below), or the patient named below, for whom I am legally responsible, by Andrea Geiger, Five Graces Acupuncture LLC.

I understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping & gua sha, essential oils, Chinese or western herbal medicine, and nutritional counseling. I have been informed that acupuncture is a safe method of treatment, but that it may have side effects, including bruising, numbness or tingling near the needling sites that may last a few days, and dizziness or fainting. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is a possible risk, although the acupuncturist below uses sterile disposable needles and maintains a clean and safe environment. I understand that I should not make significant movements while the needles are being inserted, retained, or removed. One side-effect of cupping and gua sha may be bruising or temporary skin discoloration. Burns and/or scarring are a potential risk of moxibustion. I understand that while this document describes the major risks of treatment, other side effects and risks may occur.

The herbs and nutritional supplements (which are from plant, mineral, and animal sources) that have been recommended are traditionally considered safe in the practice of Chinese medicine, although some may be toxic in large doses. I understand that some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives and tingling of the tongue. I understand that the herbs need to be consumed according to the instructions provided orally and in writing. I will immediately notify the acupuncturist of any effects associated with the consumption of the herbs.

**I will notify the acupuncturist who is caring for me if I am or become pregnant, or I have a bleeding disorder. I will notify the acupuncturist of any significant changes in my health, or new diagnoses by my primary medical physician. I understand that my acupuncturist encourages me to see a primary medical physician in conjunction with acupuncture and herbal treatments.** I do not expect the acupuncturist to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the acupuncturist to exercise judgment during the course of treatment. I understand that results are not guaranteed.

**By voluntarily signing below I show that I have read, or have had read to me, this consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. 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.**

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Signature (Patient)

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Date

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Printed Name (Patient)



## PRIVACY PRACTICES EXPLANATION AND ACKNOWLEDGEMENT

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### **YOUR HEALTH INFORMATION RIGHTS**

You have the right to request restrictions on certain uses and disclosures of your health information. If services are paid in full by cash you may restrict that information to any insurer for purposes other than for treatment.

You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.

You have a right to request that we amend your protected health information. Please be advised, however, that we may not be required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.

You have a right to receive an accounting of disclosures of your protected health information made by Five Graces Acupuncture LLC.

You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

### **CHANGES TO THIS NOTICE OF PRIVACY PRACTICES**

This office reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, we are required by law to comply with this Notice.

### **COMPLAINTS**

Complaints about your privacy rights, or how Five Graces Acupuncture and Herbs has handled your health information should be directed to Andrea Geiger by calling this office at (843) 737-3767. If Andrea Geiger is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS  
Office of Civil Rights 200 Independence Avenue, S.W. Room 509F  
HHH Building  
Washington, DC 20201

FOR ADDITIONAL INFORMATION: [www.hcfa.gov/medicaid/hipaa](http://www.hcfa.gov/medicaid/hipaa)

### **NOTICE OF PRIVACY PRACTICES**

Five Graces Acupuncture LLC is required, by law, to maintain the privacy and confidentiality of your protected health information (PHI) and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.



## **DISCLOSURE OF YOUR HEALTH CARE INFORMATION**

### **Payment**

Your payment details, including name and address, will also be stored in our password-protected payment processing systems when you provide that information to us for the purposes of payment. If payment is not made as arranged, our office may utilize an outside collection agency, credit reporting agency or other means of collecting outstanding debt. The designated collection agency or authority may review your file containing protected health care information.

### **Emergencies**

We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care, about your medical condition or in the event of an emergency or of your death.

### **Public Health**

As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

### **Judicial and Administrative Proceedings**

We may disclose your health information in the course of any administrative or judicial proceeding.

### **Law Enforcement**

We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

### **Marketing & Other Communication**

We may contact you for marketing purposes or fundraising purposes, as described below:

- If you are signed up with the Square appointment scheduling software, you will receive an email and/or text from the system the day before your appointment to remind you. This notice, as well as any other use of Square, will only contain the information you have entered yourself into the software, as well as information related to the date and time of the appointment.
- You may, at your own discretion, leave a review about our practice and practitioner. By doing so, you authorize us to respond to your review if necessary, thus verifying your treatment at the clinic. No information about you or your treatment will be released by us online at any time.
- You may, at your own discretion, interact with Five Graces Acupuncture LLC via social media. We will never reveal any protected health information in these interactions, but you recognize that our communication in such a forum – if initiated by you - does not constitute a violation of your privacy.

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**Upon reading this explanation, please sign and acknowledge your receipt of the information and acceptance of the information therein.**

I, \_\_\_\_\_

Patient Name (Printed)

have received a copy of Five Graces Acupuncture LLC Privacy Practices Explanation. I have been given an opportunity to read this explanation. I understand that I may ask Five Graces Acupuncture LLC any questions if I do not understand any information contained in the privacy practices explanation.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date