



www.CommunityAcupunctureofLongwood.com
CALongwood@gmail.com

2901 West State Road 434, Suite 141
Longwood, FL 32779
407-335-4688

Financial Policy

Community Acupuncture of Longwood is a low-cost, high-volume Community Acupuncture Clinic. Our fees are \$35 per acupuncture treatment and \$20 per dose of B12. There are package rates available for both services. For your first visit, payment is due at the end of your treatment so we can discuss payment options. For subsequent visits you can pay prior to treatment. We accept cash, checks, and credit cards. A receipt will be provided upon request at time of service. We will not be able to provide year-end statements/super bills. You will be responsible for filing any insurance claims.

I agree to the above policy:

Print Name: _____ Date: _____

Client Signature: _____
(Or person responsible for payment)

Informed Consent

Acupuncture involves the insertion of sterile, one-time use, filiform needles into particular points on the body. The purpose of the treatment is to prevent or reduce pain and to help your body function better. There are some risks to treatment, which may include bruising of the skin and/or slight bleeding, weakness, fainting, and occasionally there may temporary aggravation of the symptoms existing prior to acupuncture treatment. There is little or no risk of infection.

We do not provide primary care, or Western (allopathic) medical care. We do not treat emergency conditions of any kind. Please see your medical doctor for those services and for routine check-ups. By signing below, you have read and understood the Informed Consent and have notified your acupuncturist of conditions such as bleeding disorder, pregnancy, pacemaker, high blood pressure, local infection, or have been prescribed anticoagulant medication like Coumadin, Heparin, or Warfarin.

Print Name: _____ Date: _____

Client Signature: _____
(Or person legally responsible for treatment consent)

HEALTH HISTORY AND REGISTRATION

Name	Preferred Name/nickname																													
Full Address	Best Phone #																													
	Email																													
	<input type="checkbox"/> Male <input type="checkbox"/> Female																													
Birthdate ____ / ____ / _____	Emergency Contact Person																													
Occupation	Relationship																													
Primary Physician	Phone																													
How did you hear about us?																														
Have you had acupuncture before?																														
HEALTH HISTORY																														
Please list chief complaints	Level of Pain: 1-10	Duration																												
1.																														
2.																														
3.																														
CHECK ALL THAT APPLY:																														
<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Depression</td> <td><input type="checkbox"/> Difficulty Focusing</td> <td><input type="checkbox"/> Bleeding Disorders</td> <td><input type="checkbox"/> Allergies</td> </tr> <tr> <td><input type="checkbox"/> Dizziness</td> <td><input type="checkbox"/> Easily Startled</td> <td><input type="checkbox"/> Hepatitis</td> <td><input type="checkbox"/> Arthritis</td> </tr> <tr> <td><input type="checkbox"/> Excessive Worry</td> <td><input type="checkbox"/> Fatigue/Tiredness</td> <td><input type="checkbox"/> Seizures</td> <td><input type="checkbox"/> Diabetes</td> </tr> <tr> <td><input type="checkbox"/> Excessive Fear</td> <td><input type="checkbox"/> Poor Sleep</td> <td><input type="checkbox"/> High/low Blood Pressure</td> <td><input type="checkbox"/> Cancer-currently</td> </tr> <tr> <td><input type="checkbox"/> Headaches</td> <td><input type="checkbox"/> Nervous / Irritable</td> <td><input type="checkbox"/> Palpitations</td> <td><input type="checkbox"/> Pacemaker</td> </tr> <tr> <td><input type="checkbox"/> Weight Loss / Gain</td> <td><input type="checkbox"/> Lowered Libido</td> <td><input type="checkbox"/> Blackouts</td> <td><input type="checkbox"/> Neuropathy</td> </tr> <tr> <td><input type="checkbox"/> Overwhelmed by Life</td> <td><input type="checkbox"/> AIDS</td> <td><input type="checkbox"/> Nausea</td> <td><input type="checkbox"/> PTSD</td> </tr> </table>			<input type="checkbox"/> Depression	<input type="checkbox"/> Difficulty Focusing	<input type="checkbox"/> Bleeding Disorders	<input type="checkbox"/> Allergies	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Easily Startled	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Excessive Worry	<input type="checkbox"/> Fatigue/Tiredness	<input type="checkbox"/> Seizures	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Excessive Fear	<input type="checkbox"/> Poor Sleep	<input type="checkbox"/> High/low Blood Pressure	<input type="checkbox"/> Cancer-currently	<input type="checkbox"/> Headaches	<input type="checkbox"/> Nervous / Irritable	<input type="checkbox"/> Palpitations	<input type="checkbox"/> Pacemaker	<input type="checkbox"/> Weight Loss / Gain	<input type="checkbox"/> Lowered Libido	<input type="checkbox"/> Blackouts	<input type="checkbox"/> Neuropathy	<input type="checkbox"/> Overwhelmed by Life	<input type="checkbox"/> AIDS	<input type="checkbox"/> Nausea	<input type="checkbox"/> PTSD
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What medications are you taking?																														
How is your digestion (indigestion, heartburn, bloating, constipation, diarrhea, etc.)?	Please list any prior serious illnesses, accidents, or surgeries, with approximate years:																													
ANY ADDITIONAL INFORMATION?																														

Signed _____

Date _____



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B12 shot (Methylcobalamin)

Consent Form

Injectable Methylcobalamin is the form of cobalamin (B12) that your body readily absorbs without having to be broken down by the liver. Vitamin B12 is a water soluble vitamin with a key role in the normal functioning of the brain and nervous system, and for the formation of blood. It is normally involved in the metabolism of every cell of the body, especially affecting DNA synthesis and regulation, but also fatty acid synthesis and energy production.

Methylcobalamin is reported to naturally help with:

- | | |
|------------------------------------|--|
| -Fatigue | - Anemia |
| -Neuropathy | -Irritability and mood swings |
| -Difficulty in maintaining balance | -Heart health |
| -Depression | -Immune system regulation |
| -Confusion | - Infection, prolonged or chronic |
| -Dementia | - Malabsorption disorders associated with diarrhea,
colon cancer, gastrectomy |
| -Poor memory | -Metabolism |
| -Soreness of the mouth or tongue | |

Risks and possible side effects: As with all injections, there is a risk of redness and tenderness at the site of injection. Sensitivity to Methylcobalamin and/or Cobalt is a contraindication. B12 should be taken at different times of the day than tetracycline. Adverse side effects of B12 are quite rare but can include mild diarrhea, insomnia, anxieties, heart palpitations, or skin rash. We do not recommend anyone under 18 years of age or anyone with Leber's disease (optic nerve degeneration) receive Methylcobalamin injection unless a doctor's note has been provided.

If you have any questions, ask NOW or ask your physician or Health Department before receiving a B12 injection. If you have a reaction, see your personal physician immediately. By signing below, you agree that you have read this information page and that your personal information is true and correct.

I am in good health and/or I have my physician's approval. I have read the above information about Methylcobalamin injection. I have had the opportunity to ask my personal physician(s) regarding my receiving this shot. I understand the benefits and risks of this injection. I release Community Acupuncture of Longwood and associated or related entities from any and all liability arising from or in connection with this injection.

Name (Print) _____ Sign _____ Date _____

Birthdate _____ Phone _____ Email _____