

## Welcome to Emperor's College Acupuncture Clinic

Serving the community with holistic healthcare since 1983

### What You Need to Know about Becoming an Acupuncture Patient

To get the most out of your treatment, we recommend following these suggestions:

1. Make sure you have eaten within at least 2 hours of your appointment.
2. Please avoid alcohol and recreational drugs before your appointment.
3. It's best to avoid consuming cold liquids and exposure to cold temperatures, and/or windy, damp weather after your treatment. Avoid any strenuous activity for 12 hours to conserve your body's energy so that it can properly process the effects of your treatment.
4. Try to schedule regular appointments with the same clinical supervisor, and if possible, same intern. The consistency of approach can often be the key to successful treatment outcomes.

### Ask Your Intern...

- ...about your treatment plan, including the ideal frequency for return visits and how many visits may be required before you can expect to see a noticeable improvement.
- ...if herbal medicine might be appropriate for your situation.
- ...how to use the herbal medicines you are given. All custom herbal formulas are prepared in our on-site herbal medicinalary. Speak with your intern about the cost of your formula and its preparation time. If you would like to return at a later time to pick up your formula, please make arrangements with the front desk staff.

Please note that herbal medicines are non-refundable.

Connect with us on social media!



### Available Treatment Options

**Master's Intern Clinic** **\$38**  
Treatments by a 3<sup>rd</sup> or 4<sup>th</sup> year master's student under supervision of experienced clinical faculty.

**Master's Theater** **\$30**  
Treatments by senior faculty members accompanied by student observers.

**Ear Acupuncture Clinic** **\$15**  
Quick treatments for a variety of conditions. Every Wednesday from 12:45pm to 4:00pm. Walk-ins only.

**Doctoral Fellow Clinic** **\$50**  
Be treated by a licensed acupuncturist pursuing advanced medical training.

**Stroke Rehab & Dementia Care** **\$80**  
Acupuncture for stroke and dementia patients using innovative natural therapies.

Speak to our friendly front desk staff about our variety of medical specialists or view their schedules at [www.emperors.edu/clinic/specialists](http://www.emperors.edu/clinic/specialists)



Emperor's College Acupuncture Clinic  
1807 Wilshire Blvd  
Santa Monica, CA 90403  
(310) 453-8383, option 1  
[www.emperors.edu/clinic](http://www.emperors.edu/clinic)

**PATIENT CONFIDENTIAL INFORMATION**

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City State Zip

Primary phone \_\_\_\_\_ Secondary phone \_\_\_\_\_

Email address \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex M F \* Marital Status S M D W  
MM DD YY

Emergency contact: \_\_\_\_\_  
Name Relation Phone #  
 \_\_\_\_\_  
Street City State Zip

\*Place of Birth \_\_\_\_\_ \*Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

\*Occupation or profession \_\_\_\_\_ \*Employer \_\_\_\_\_

*\*This information is helpful, but optional. All other information is mandatory.*

**TREATMENT OF MINORS**

During the treatment of patients under 18 years of age, the patient's legal guardian must be present in the clinic during the entire session for each treatment. Please speak to the front desk for details.

**INSURANCE AND WORKER'S COMP**

We will only prepare insurance billing information for patients paying our standard fee. Billing information is prepared after every fifth visit. Emperor's College Acupuncture Clinic does not treat workers compensation injuries.

**EMPEROR'S COLLEGE ACUPUNCTURE 24-HOUR CANCELLATION POLICY**

In order to maintain the integrity of our low-cost community treatment clinic, Emperor's College Acupuncture Clinic must request that all cancellations be made with a minimum of 24-hour notice. Appointments and cancellations must be made with the front desk only. Failure to provide 24-hour notice or a failure to show will result in your account being charged for the visitation at our standard fee. Last minute cancellations and failures to show affect our ability to serve both our community and our interns.

**OBSERVERS**

Given that Emperor's College Acupuncture Clinic is a teaching clinic, all patients must assume that observers will be present during the course of their appointment. Emperor's College Acupuncture Clinic charges a reduced fee because we are a teaching clinic. Patients who refuse to allow observers can be denied service.

**SEXUAL HARASSMENT**

Be advised that interns and student observers attending Emperor's College Clinic do so in pursuit of an education only. All comments or questions from patients regarding an intern's or student observer's appearance, dating habits or personal life are not permitted. Any complaint regarding a violation of this policy will result in that patient being barred from this facility. We have high expectations of professionalism from our interns and student observers and expect the same of our patients. We will vigorously protect the intern's and student observer's right to pursue their education in an environment completely free from all harassment.

# **EMPEROR'S COLLEGE ACUPUNCTURE CLINIC TERMS AND CONDITIONS OF SERVICE**

## **ADMISSION AND MEDICAL SERVICES AGREEMENT**

The patient or the patient's representative consents to the admission of the patient to Emperor's College Acupuncture Clinic if this is deemed necessary for the care of the patient. All the terms and conditions hereof shall also apply to such admissions.

## **MEDICAL CONSENT**

I have read and fully understand that Emperor's College Acupuncture Clinic is a teaching clinic. I understand that interns and Oriental Medical students, as observers and post-graduate fellows under the supervision of attending Practitioners of Oriental Medicine (Licensed Acupuncturists), are participating in my treatment procedures as part of the medical education program of the institution. Under this condition, the patient or the patient's representative consents to any Oriental Medical treatments or procedures that are given by the Interns under the general and special instructions of the attending practitioner or any other Practitioner of Emperor's College Acupuncture Clinic assisting in the care of the patient. The patient accepts the full responsibility to follow up the medical advice given at Emperor's College Acupuncture Clinic.

The patient or the patient's representative consents to the treatment procedures and its results and repercussions thereof and accepts arbitration if deemed necessary.

## **RELEASE OF INFORMATION**

Emperor's College Acupuncture Clinic will, only through a patient completing a specific and separate Authorization for Release of Information form, or in compliance with a legal subpoena, furnish from the patient's record necessary information to the referring physician, if any, and to others to the extent required in connection with a claim for aid, insurance, or medical assistance to which the patient may be entitled.

## **SUPERVISORS SUBJECT TO CHANGE**

As a teaching clinic with numerous supervisors and the circumstances involving the availability of any supervisor at any one time sometimes changing, the supervisor originally scheduled for being present on a particular shift may not be available—this change in scheduling may even occur at the last minute. As such, although every effort will be made to keep the schedule as consistent and predictable as possible, Emperor's College Acupuncture Clinic does not guarantee that a particular supervisor will be available at the time of a treatment. We reserve the right to replace a supervisor at any point in time with another qualified supervisor who fulfills our high standards for experience and knowledge. In the event that a supervisor is replaced on a particular shift, patients will not be given an exception to allow a last minute cancellation of their appointment without consequence and will not be given a refund.

## **FINANCIAL AGREEMENT**

The patient or patient's representative shall pay Emperor's College Acupuncture Clinic for services rendered in accordance with the regular rates and terms of the Emperor's College Acupuncture Clinic. When this agreement is executed by the patient or the patient's representative or a financial guarantor, all shall be jointly and individually liable for the patient. Should accounts be referred to an attorney or collection agency, reasonable attorney's fees and collection expenses incurred shall be payable in addition to the other amounts due.

The Emperor's College Acupuncture Clinic and the patient's representative hereby enter into this agreement. The patient or the patient's representative certifies that he/she has read and accepted the "Terms and Conditions of Service"

*Patient Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Patient Representative* \_\_\_\_\_ *Date* \_\_\_\_\_

## **INFORMED CONSENT TO ACUPUNCTURE TREATMENT AND CARE**

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of acupuncture on me (or the patient named below for whom I am legally responsible) by the acupuncturist or acupuncture interns and/or other licensed acupuncturists or acupuncture interns who now or in the future treat me while employed by, working or associated with or serving as back-up for the acupuncturist or acupuncture intern named below, included those working at Emperor's College Acupuncture Clinic, whether signatories to this form or not.

I understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, Tui-Na (Oriental Massage), Oriental herbal medicine and nutritional counseling. I understand that the preparation of these herbs will take time and may require waiting beyond the scheduled treatment time and that the teas need to be consumed according to the instructions provided orally and in writing. The herbs may have an unpleasant smell or bitter taste. I will immediately notify a member of the clinical staff of any unanticipated or unpleasant effects associated with the consumption of the herbs.

I have been informed that acupuncture is a generally safe method of treatment, but that I may have some side effects, including bruising (especially on the face), numbness or tingling near the needling sites that may last a few days, and dizziness or fainting. Bruising is a common side effect of cupping. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the clinic sterile disposable needles and maintains a clean and safe environment. Burns and/or scarring are a potential risk of moxibustion and cupping. 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, animal and mineral sources) that have been recommended are traditionally considered safe in the practice of Oriental 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 will notify a clinical staff member who is caring for me if I am or become pregnant.

I do not expect the clinical staff to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the clinical staff to exercise judgment during the course of treatment which the clinical staff thinks at the time, based upon the facts then known is in my best interest. I understand that results are not guaranteed.

I understand the clinical and administrative staff of Emperor's College Acupuncture Clinic may review my patient records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

By voluntarily signing below, I show that I have read, or have had read to me, the above 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.

*Patient Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Patient Representative* \_\_\_\_\_ *Date* \_\_\_\_\_

**PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

With my consent, Emperor’s College Acupuncture Clinic, may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Emperor’s College Acupuncture Clinic’s Notice of Privacy Practices for a more complete description of such uses and disclosures. (This allows your information to be used for clinic and teaching purposes only! We will not release this information unless we receive a subpoena or “authorization to release” signed by you.)

I have the right to review the Notice of Privacy Practices prior to signing this consent. Emperor’s College Acupuncture Clinic reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Emperor’s College Acupuncture Clinic Privacy Officer at 1807-B Wilshire Blvd., Santa Monica, Ca 90403.

Emperor’s College Acupuncture Clinic may call my home or other designated location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results among others.

Emperor’s College Acupuncture Clinic may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked Personal and Confidential.

Emperor’s College Acupuncture Clinic may e-mail to me appointment reminder cards and patient statements. I have the right to request that Emperor’s College Acupuncture Clinic restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to Emperor’s College Acupuncture Clinic’s use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, Emperor’s College Acupuncture Clinic may decline to provide treatment to me.

\_\_\_\_\_  
*Signature of Patient or Legal Guardian*

\_\_\_\_\_  
*Patient Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name of Patient or Legal Guardian*

**MEDICAL HISTORY QUESTIONNAIRE**

Please complete the following as accurately as possible.

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

**PRESENT CONDITION:**

What is your chief complaint?

Mark below with an X where you feel pain or discomfort.

When did this condition begin?

What treatment have you received already?

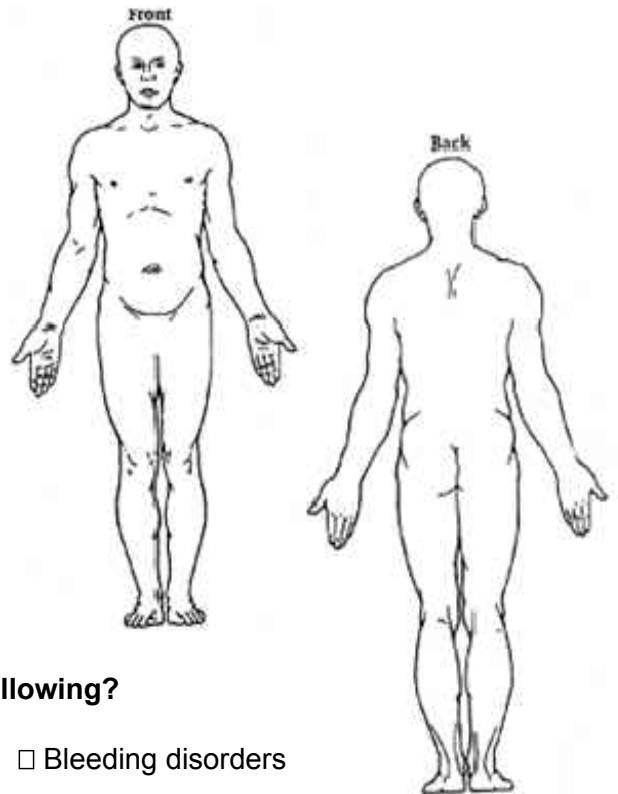
**MEDICAL HISTORY:**

What surgeries have you had? When did you have them?

What other serious injuries or illnesses have you had?

Do you have any allergies that you know of?

What medications are you taking?



**Which, if any, of your blood relatives have had any of the following?**

- Stroke     Cancer     Heart Disease     Tuberculosis     Bleeding disorders
- Diabetes     High blood pressure

**PLEASE LIST YOUR PRIMARY PHYSICIAN'S NAME AND CONTACT INFORMATION:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Specialty, if any: \_\_\_\_\_

**MENSTRUAL HISTORY:**

Age of your first period: \_\_\_\_\_

Vaginal discharge: \_\_\_\_\_

Length of cycle, day 1 to day 1: \_\_\_\_\_

Length of flow (days): \_\_\_\_\_

Date of your last period: \_\_\_\_\_

Do you believe you are pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of pregnancies: \_\_\_\_\_

Number of live births: \_\_\_\_\_

**RECREATIONAL SUBSTANCE USAGE:**

History of smoking? \_\_\_\_\_

how many years? \_\_\_\_\_

how many per day? \_\_\_\_\_

History of smokeless tobacco use? \_\_\_\_\_

History of drinking alcohol? \_\_\_\_\_

how many drinks/week? \_\_\_\_\_

History of recreational drug use? \_\_\_\_\_

How many cups of coffee/day? \_\_\_\_\_

How many sodas/day? \_\_\_\_\_

# MEDICAL HISTORY QUESTIONNAIRE

CHECK ALL CURRENT AND PAST CONDITIONS.

(please write the word PAST next to those conditions which you have had only in the past and are no longer present)

## HEAD AND NECK:

- Dizziness
- Fainting
- Neck Stiffness
- Enlarged lymph glands
- Headaches
- \_\_\_\_\_ Other

## EARS:

- Infection
- Ringing
- Decreased hearing
- \_\_\_\_\_ Other

## EYES:

- Blurred vision
- Visual changes
- Poor night vision
- Spots/Floaters
- Eye inflammation/Styes
- \_\_\_\_\_ Other

## NOSE, THROAT & MOUTH:

- Bleeding
- Sinus infection
- Hay fever or allergies
- Sore throat
- Hoarseness
- Changes in taste
- Difficulty swallowing
- Changes in smell
- Oral ulcers/Canker sores
- \_\_\_\_\_ Other

## SKIN:

- Hives
- Rashes
- Eczema
- Psoriasis
- Seborrhea
- Night sweating
- Excess sweating
- Dryness
- Bruises easily
- Changes in moles or lumps
- \_\_\_\_\_ Other

## NEUROLOGICAL:

- Numbness or tingling of limbs
- Seizures
- Tremors
- Pain
- Paralysis
- Epilepsy or Convulsions
- \_\_\_\_\_ Other

## INFECTION HISTORY:

- HIV/AIDS, or HIV risks: Self or partner
- TB: Self or household
- Hepatitis, or Hepatitis risk: Self or partner.
- History of sexually transmitted diseases: Self or partner.
- Gonorrhea
- Chlamydia
- Syphilis
- Genital warts
- Herpes (oral)
- Herpes (genital)
- MRSA, Staph, CRE, or other Drug-Resistant Infections

## RESPIRATORY:

- Chronic cough
- Coughing up blood
- Coughing phlegm frequently
- Difficulty breathing
- Wheezing/Asthma
- Frequent Colds
- Emphysema
- Pneumonia repeatedly
- \_\_\_\_\_ Other

## CARDIOVASCULAR:

- Palpitations
- Chest pain or tightness
- Rapid heart beat
- Irregular heart beat
- Heart Disease
- Poor circulation
- Swelling of ankles
- Phlebitis
- Cold hands/feet
- Cardiac Pacemaker
- High blood pressure
- Stroke
- \_\_\_\_\_ Other

## GASTROINTESTINAL:

- Indigestion
- Nausea
- Stomach pain
- Irritable bowel disease
- Colitis
- Crohn's Disease
- Pancreatitis
- Celiac Disease
- Recent change in bowel habits
- Diarrhea ( \_\_\_ /day)
- Constipation ( \_\_\_ /week)
- Dry, hard stools
- Soft, difficult, sticky stools
- Irregularly or poorly-formed stools
- Poor appetite
- Excessive hunger
- Blood in stool or black stools
- Hemorrhoids
- with pain or blood
- Gall bladder disorder
- Vomiting blood
- Peptic Ulcer
- Recent change in weight
- Food cravings
- \_\_\_\_\_ Other

## MUSCLES AND JOINTS:

- Joint disorder
- Sore muscles
- Weak muscles
- Difficulty walking
- Spinal curvature
- Backache
- Back pain
- Fibromyalgia
- \_\_\_\_\_ Other

## MALE:

- Pain/itching of genitalia
- Genital lesions/discharge
- Impotence
- Premature ejaculation
- Prostate problems
- Infertility (e.g., abnormal sperm)
- \_\_\_\_\_ Other

## FEMALE:

- Frequent vaginal infections
- Infertility
- Pain/itching of genitalia
- Genital lesions/discharge
- Pelvic inflammatory disease
- Abnormal Pap smear
- Irregular periods
- Emotional changes with menses
- Clots with menses
- Painful menstrual periods/cramps
- Premenstrual Syndrome
- Abnormal bleeding
- Menopausal symptoms (hot flashes, etc.)
- Breast lumps/cysts
- Breast swelling and/or pain
- \_\_\_\_\_ Other

## URINARY:

- Frequent urinary tract/bladder infections
- Weak urinary stream
- Recent change in bladder habits
- Kidney Disease
- Frequent day urination ( \_\_\_ X)
- Frequent night urination ( \_\_\_ X)
- \_\_\_\_\_ Other

## GENERAL:

- Fatigue
- Thirst
- Aversion to cold
- Insomnia
- Frequent dreams/nightmares
- Depression
- Agitation
- Irritability
- Anxiety
- History of psychiatric treatment
- Poor memory
- Difficulty concentrating
- Sores that don't heal
- Congenital abnormalities
- Surgical implants
- Unusual bleeding or discharge
- Jaundice
- Hernia
- Epstein Barr virus (EBV)
- Rheumatic Fever
- Diabetes mellitus
- Thyroid Disorder
- Cancer
- Anemia or other blood disorder
- Lupus erythematosus
- \_\_\_\_\_ Other

**TO BE COMPLETED BY PATIENT:** Name: \_\_\_\_\_ Date: \_\_\_\_\_

**LIST OF WESTERN MEDICATIONS YOU CURRENTLY USE**

Please list the **Medication, Dosage** and **Frequency** of the medications you currently use.  
(ex., Lisinopril, 5 mg 3X/day; or Dimetapp, 1 teaspoon 2X/day):

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_
- 11. \_\_\_\_\_
- 12. \_\_\_\_\_
- 13. \_\_\_\_\_
- 14. \_\_\_\_\_
- 15. \_\_\_\_\_
- 16. \_\_\_\_\_
- 17. \_\_\_\_\_
- 18. \_\_\_\_\_
- 19. \_\_\_\_\_
- 20. \_\_\_\_\_
- 21. \_\_\_\_\_
- 22. \_\_\_\_\_
- 23. \_\_\_\_\_
- 24. \_\_\_\_\_
- 25. \_\_\_\_\_

**Patient name:** \_\_\_\_\_

**Date:** \_\_\_\_\_