

## Acupuncture Registration Form Instructions & Acknowledgement

### Before scheduling your appointment (Clients scheduling first Acupuncture appointment at Center for Wellness):

- Complete Acknowledgement Forms (pages 1-2) and Health History Form (pages 3-4). Submit via email, fax, mail, or in person.

### To schedule your appointment:

- Call 617.495.9629 or visit the Center for Wellness on 7th floor of 114 Mt. Auburn Street, Cambridge. Online scheduling is not available.
- If you are pregnant, have a serious injury or illness, or any other significant relevant condition, please explain when scheduling.
- The ability to pay by Term Bill (students) or Payroll Deduction (employee) must be verified, otherwise payment is due upon **scheduling** (vs/mc, check). Most special students, retirees, family, and some fellows are required to pay upon scheduling.
- Please confirm the cost of the appointment when scheduling.

### Arriving for your appointment:

- Arrive at least 5 minutes before your appointment time to confirm payment method, use bathroom, relax, etc. Public parking, at current rates, may be available at garages (entrances off University Rd, and Eliot St). We cannot validate parking, or guarantee the availability or proximity of parking. Side streets have metered parking spots, but most with a one hour limit.
- Enter the Smith Campus Center through the glass doors on Massachusetts Avenue or on Mount Auburn Street.
- Proceed to the Center for Wellness, located next to the HUHS Pharmacy.

### Your appointment:

- Your one-hour appointment is in a private room and begins with a brief review your Health History Form with the acupuncturist.
- Your session of acupuncture, which is a practice based on Traditional Oriental Theories, primarily involves the insertion of needles through the skin at certain points on the body in an attempt to relieve pain or improve body function.
- Once treatment is complete, you will have an opportunity to offer feedback and discuss your treatment with the acupuncturist.

### Other helpful information:

- The acupuncturists have a valid, active Massachusetts State Acupuncture License, have extensive training in diverse areas, and are certified in the Clean Needle Technique. To find out more about the acupuncturists, review 'About Us' section on website.
- Bring or wear comfortable clothes, like sweats, yoga wear, shorts, T-shirts or tank tops. Constrictive clothing, e.g. tight jeans, tights, wire bras, etc. should not be worn during treatments. Tight or constrictive jewelry should be removed during your appointment.
- It is recommended that you not have an overly full stomach or bladder during treatment.
- Although gratuities are not accepted, your feedback is always appreciated.

### Acknowledgement of Acupuncture Procedures, Uses, Contraindications

- A.** I give my permission for the acupuncturist to provide treatment in compliance with all applicable statues and regulations. I am aware that my clinician has given clearance for me to receive this treatment, but has not ordered it. I understand that my clinician has reviewed the frequent uses and possible contraindications of acupuncture and if any cautions or restrictions are suggested, they have been described on the clinician clearance form. I am electing to receive this treatment on my own accord and accept any risks associated with this treatment.
- B.** I give permission for my primary care clinician to release information about my medical condition only as it pertains to providing me safe, effective acupuncture. I understand that only information about those medical conditions or treatments that might be affected by acupuncture will be released.
- C.** I am aware that my primary care clinician and the acupuncturist may need to communicate in order to provide me with the most beneficial, coordinated care. Appointment notes will be entered into my medical record by the acupuncturist after each appointment.
- D.** I have reviewed the information below regarding frequent uses, conditions recommended for acupuncture by the World Health Organization, and some of the possible contraindications of acupuncture.

#### Frequent Uses

- Pain management (including arthritis, back pain, and headaches)
- Gynecological and Obstetric Problems
- Drug Abuse and Alcoholism
- Nausea related to Chemotherapy
- Gastrointestinal Disorders
- Asthma
- Sexual Problems
- Neurological conditions
- Weight Control
- Stroke
- Smoking

#### Contraindications

- Severe coagulopathy, including anticoagulation out of control
- Severe abdominal pain (especially lower)
- Hemophiliacs, certain points in visible areas are avoided
- Under influence of drugs or alcohol
- Women pregnant under 3 months: lower abdomen & lower back
- Severe psychotic conditions
- Very chronic & late stage diabetics, may need to be careful about infections of the extremities

Name/Signature \_\_\_\_\_ Date \_\_\_\_\_

Harvard ID \_\_\_\_\_

## Acupuncture Registration Form Client Information & Acknowledgement

### Contact Information

Name \_\_\_\_\_ Harvard ID \_\_\_\_\_

Campus/Work Address \_\_\_\_\_  
*(if no campus address, please use home address)*

Tel (W) \_\_\_\_\_ Tel (H) \_\_\_\_\_

Email \_\_\_\_\_

### University Affiliation

Faculty / Staff, HUGHP?  Yes  No       Family Member, HUGHP?  Yes  No  
 Undergraduate    Graduate    Alumni    Retiree    Other \_\_\_\_\_

### Harvard School or Department

Business School    FAS       HMS       VP Gen. Counsel  
 Central Admin.    GSD       HSPH       VP Administration  
 College Libraries    GSE       Radcliffe       VP Alumni Affairs  
 Dental School    HKS       HUHS       VP Financial  
 Divinity School    HLS       HUDCE       Other \_\_\_\_\_

### Acknowledgement of Payment Procedure & 24-Hour Cancellation Policy

Acupuncture Appointment:      1 hr. appt. **\$85**      **\$65/HUSHP Student**      **\$85/HUGHP Member**  
Faculty/Staff: Preferred payment method:    Payroll Deduction    Visa/Mastercard    Check  
Students: Preferred payment method:    Term Bill       Visa/Mastercard    Check  
Retirees/Alumni/Family: Payment due upon **scheduling**:       Visa/Mastercard    Check

Selecting Payroll Deduction or Term Bill and providing your signature authorizes a charge for the initial appointment and future payroll deductions or term bill charges. Credit card numbers CANNOT be held on file and must be provided for each appointment by phone or in person. Cash is not accepted.

While we understand that scheduling changes happen, 24-hour notice is required to cancel or reschedule an appointment. Because we would like to accommodate other clients if you cannot keep your appointment, please call **(617) 495-9629** at least **24 hours** before the appointment time if you need to cancel or reschedule. During non-business hours, please leave a voice mail which will record the time of your message and can confirm your compliance with this policy.

**Without 24-hour notice of cancellation, you are responsible for full payment. A payroll deduction or charge to your student term bill will be made if no other payment is provided.**

Name/Signature \_\_\_\_\_ Date \_\_\_\_\_

**Acupuncture Registration Form**  
**Health History**

Please complete both pages of this form. In order to provide the highest quality care, the acupuncturist will use this information to assess your needs before hands-on work begins.  
**Any information that is provided will be kept confidential.**

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

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Campus/Work Address: \_\_\_\_\_

Tel #: \_\_\_\_\_ HUID: \_\_\_\_\_

Were you referred by a clinician?  Yes  No

Name of referring clinician: \_\_\_\_\_ Health Plan: \_\_\_\_\_

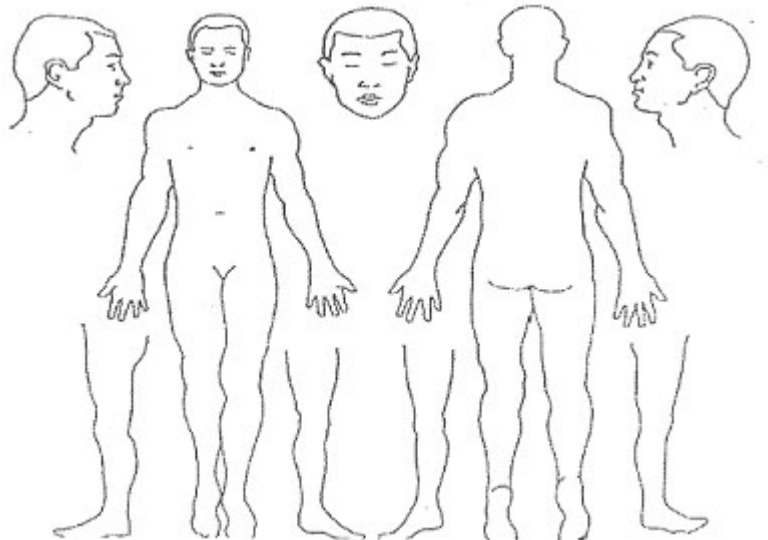
Are you currently under the care of a health practitioner not listed above?  Yes  No

Name & Specialty of Practitioner: \_\_\_\_\_ Reason: \_\_\_\_\_

Have you ever been treated with Acupuncture or Oriental Medicine before? If so, where and when?

\_\_\_\_\_

What are your specific areas of pain or distress?  
(list/describe areas and/or mark body diagram)



**(Please Continue on Next Page)**

Acupuncture Registration Form  
**Health History** (continued)

What medications are you currently taking? \_\_\_\_\_

Do you wear contact lenses in your eyes?  Yes  No Do you wear dentures (false teeth)?  Yes  No

On a scale of 1 to 10 (1 = least) what is the amount of stress/tension in your life? \_\_\_\_\_

Do you exercise?  Yes  No How often? \_\_\_\_\_ What type? \_\_\_\_\_

Other recreational activities: \_\_\_\_\_

Have you ever had any alternative therapy in the last year (Chiropractic, Massage, etc.)  Yes  No

How long ago? \_\_\_\_\_ Where? \_\_\_\_\_

What did you particularly like or dislike? \_\_\_\_\_

Other information you feel may be helpful to the acupuncturist?

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**General Symptoms:** Please mark whether or not you are experiencing any of these general symptoms at the present time and add comments to clarify (i.e. locations on the body, names of conditions, clinician-specific advice).

Any swelling or tendency to swell?  Yes  No Comments: \_\_\_\_\_

Any sites of pain or tenderness?  Yes  No Comments: \_\_\_\_\_

Any sites of numbness?  Yes  No Comments: \_\_\_\_\_

Any sites of infection?  Yes  No Comments: \_\_\_\_\_

**Specific Medical Conditions:** Please mark your history with the following conditions and add comments to clarify.

Skin Conditions (rashes, infections including oral Herpes or Shingles, itching)  Yes  No Comments: \_\_\_\_\_

Known Allergies  Yes  No Comments: \_\_\_\_\_

Cardiovascular Conditions (high blood pressure, heart cond., angina, phlebitis, blood cond.)  Yes  No Comments: \_\_\_\_\_

Liver or Kidney Conditions  Yes  No Comments: \_\_\_\_\_

Respiratory/Lung Conditions  Yes  No Comments: \_\_\_\_\_

Cancers or Tumors (malignant or benign)  Yes  No Comments: \_\_\_\_\_

Diabetes  Yes  No Comments: \_\_\_\_\_

Arthritis  Yes  No Comments: \_\_\_\_\_

Pregnancy  Yes  No Comments: \_\_\_\_\_

Injuries (e.g. disc problems, fractures, knee problems, tendonitis)  Yes  No Comments: \_\_\_\_\_

Headaches (e.g. chronic, severe, etc.)  Yes  No Comments: \_\_\_\_\_

Other Medical Conditions (not listed above)  Yes  No Comments: \_\_\_\_\_