

Acupuncture Registration Form Instructions & Acknowledgement

Before scheduling your first acupuncture appointment at the Center for Wellness:

- Complete and Submit 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 2nd floor of 75 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 (Holyoke St, Eliot St, University Rd). 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 building through the Harvard University Health Services entrance at street level at 75 Mt. Auburn Street.
- Proceed to the Center for Wellness on 2nd floor by elevator, or staircase from 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.

Acknowledgment of Acupuncture Procedures, Uses, Contraindications

- A.** I give my permission for the acupuncturist to provide treatment in compliance with all applicable statutes 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

Payment due at appointment for current staff & students

Faculty/Staff, HUGHP?	Yes	No
Undergraduate Student, Harvard College		
Graduate Student, Harvard College		

Payment due upon scheduling for affiliations listed below

Family Member, HUGHP?	Yes	No
Retiree	Alumni (if no other affiliation, +\$10)	
Other (post-doc, etc.)	_____	

Harvard School or Department

College	GSE	HMS	VP Gen. Counsel
Central Admin.	HBS	HSDM	VP Administration
College Libraries	HDS	HSPH	VP Alumni Affairs
FAS	HKS	HUDCE	VP Financial
GSD	HLS	HUHS	Other _____

Payment Method

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** by Visa/Mastercard or Check

Acknowledgment of Payment Procedure & 24-Hour Cancellation Policy

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.

Signature _____ Date _____

Acupuncture Registration Form
Health History

Page 1 of 2

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: _____

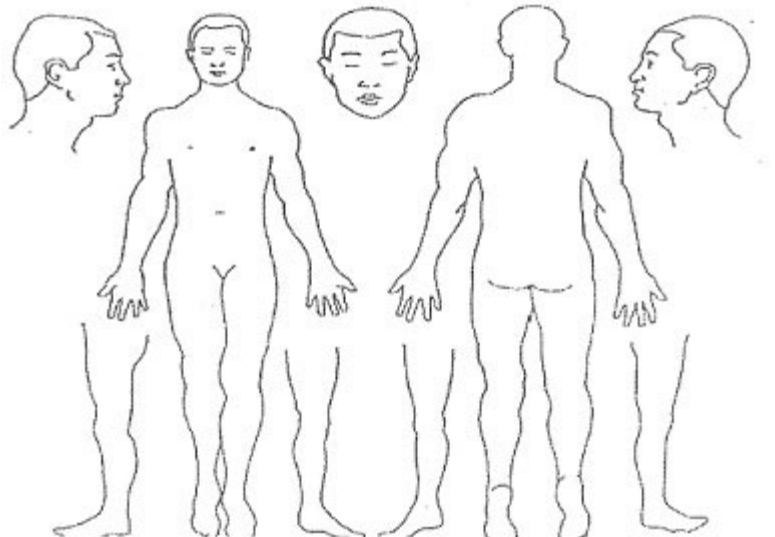
Are you currently under the care of a health practitioner not listed above? Yes No

Name & Specialty of Practitioner: _____ Reason: _____

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

Yes No

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?

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 <small>(rashes, infections including oral Herpes or Shingles, itching)</small>	Yes	No	Comments: _____
Known Allergies	Yes	No	Comments: _____
Cardiovascular Conditions <small>(high blood pressure, heart cond., angina, phlebitis, blood cond.)</small>	Yes	No	Comments: _____
Liver or Kidney Conditions	Yes	No	Comments: _____
Respiratory/Lung Conditions	Yes	No	Comments: _____
Cancers or Tumors <small>(malignant or benign)</small>	Yes	No	Comments: _____
Diabetes	Yes	No	Comments: _____
Arthritis	Yes	No	Comments: _____
Pregnancy	Yes	No	Comments: _____
Injuries <small>(e.g. disc problems, fractures, knee problems, tendonitis)</small>	Yes	No	Comments: _____
Headaches <small>(e.g. chronic, severe, etc.)</small>	Yes	No	Comments: _____
Other Medical Conditions (not listed above)	Yes	No	Comments: _____