



Welcome to Seminole Heights Community Acupuncture!

We are delighted that you have decided to try our services and be a part of the community. Here are some things you should know:

About acupuncture and services we offer

Acupuncture is very old and there are many theories as to why it works. We believe that people should be able to try it and decide for themselves if they want to use it to improve their health. In most cases, people need a series of treatments in order to get good results. At your first session your acupuncturist will suggest a treatment plan: how often you should come in and when you might expect to see results.

In addition to acupuncture, we offer Reiki and herbal medicine. Hands on healing treatments as well as herbal and food therapies are often used to support recovery and reinforce acupuncture effects. These services are available as one-on-one sessions.

About the community setting

Community acupuncture is a way of delivering acupuncture to make it affordable to more people. When acupuncture is too expensive, often people don't get enough treatments to get good results. Our goal at SHCA is to make it possible for you to get as much acupuncture as you want.

Community acupuncture means that instead of treating people in separate, individual cubicles, we treat everybody in a shared space, in recliners. You do not need to undress. Once you are comfortable in a recliner that you like, we ask that you take off your shoes and socks, and roll your pants up to your knees and your sleeves up to your elbows. Most conversations happen at the whisper level because there will most likely be at least one person who is asleep in the treatment room at any given time. After your acupuncturist puts the needles in, your job is to relax and let them work. You can stay as long as you like as long as the clinic is open; most people stay between 45 minutes and an hour. When you are ready to go, just open your eyes and give us a meaningful look when we walk through the treatment room (which happens about every 10 minutes). We'll come over and take your needles out.

We have ambient music and white noise machines in the treatment areas. You are welcome to bring iPods or other personal listening devices if you prefer your own music or guided meditation during acupuncture. People do snore sometimes, so if snoring bothers you, you should consider bringing earplugs or something to listen to during your session. We sell earplugs in the reception area for your convenience, too. You can also bring your own neck pillows or blankets if you prefer them to ours. We won't be offended!

About our business

SHCA is a social business which is a type of business designed to create social good rather than profits; there are no other sources of income or investors sitting back getting rich from our patients. We are not a nonprofit or a charity either. This means that SHCA only breaks even financially, while providing as much affordable acupuncture as possible, and creating as many living wage jobs for acupuncturists and staff as we can. We do not receive any grants or government funding; we depend entirely on fees for service. All of our care providers are employees, not self-employed independent contractors. If you enjoy your experience, please tell your friends, because word of mouth referrals are what keep us open.

Sliding scale rates

We offer services on a sliding scale. Our acupuncture rates (\$15 -\$40 per visit and a \$10 new patient paperwork fee) enable us to make sure that you can get enough acupuncture to get good results. Please don't try to pay us too much and then not come in often enough. We would rather that you come in more often and pay less – really and truly! We want you to get good results and then tell everybody you know that acupuncture works! If you are having any financial difficulties with your treatment plan, please talk with your acupuncturist.

Enjoy the space. We're happy you're here!

Bienvenidos a Nuestra Clínica

Somos una clínica de Acupuntura Comunitaria donde usted puede recibir su tratamiento en un ambiente comunitario, sentado/a en los sillones reclinables que están agrupados por la clínica. Esto nos permite ofrecer tratamientos económicos y accesibles a más personas, y nos ayuda crear una energía colectiva que da más beneficio a los tratamientos individuales.

Usamos una escala móvil de honorarios, de \$15 a \$40 por tratamiento. Hay un cargo único de \$10 que se les cobra a los pacientes nuevos por el trabajo administrativo. Usted decide lo que puede pagar por su tratamiento. La acupuntura tiene mejor efecto cuando se hacen los tratamientos frecuentemente durante un periodo de tiempo específico. Ofrecemos una escala móvil para que usted pueda recibir tratamiento frecuentemente, por el tiempo necesitado para su condición.

La estructura de nuestra clínica es parecida a la estructura tradicional de acupuntura en la Asia - muchos pacientes simultáneos, visitas frecuentes, y poco hablar. En nuestro modelo de acupuntura comunitaria, vemos de 4 a 6 pacientes por hora, con tiempo para que la acupunturista se informe de los problemas en que usted está enfocando y de cómo sigue. Hacemos esta evaluación con una breve conversación y diagnóstico de su pulso y de su lengua.

Haremos todo lo posible para responder a sus preguntas sobre su condición y sobre su tratamiento. En nuestra clínica no podemos darle explicaciones complicadas de cómo y por qué funciona la acupuntura, pero si tenemos información y recursos disponibles en nuestra página web.

LO QUE PEDIMOS DE USTED

Su Responsabilidad

SHCA no provee atención médica primaria, ni diagnosticamos condiciones médicas. La acupuntura es un complemento fabuloso para la medicina occidental, pero no puede sustituir a esta medicina. Si usted cree que tiene una condición grave, o si tiene preocupaciones sobre lo que podría causar sus síntomas, sugerimos que vaya a un médico de atención primaria (MD, o DO).

Su Participación y La Mentalidad Comunitaria

El funcionamiento de la clínica requiere que los pacientes aprendan la "rutina" de la clínica. Cuando usted llegue a la clínica, por favor consulte en la recepción para llenar cualquier documento, pagar por su tratamiento, y planear sus próximas visitas. Después de registrarse, usted puede escoger un sillón y hacerse cómodo/a. Una acupunturista llegará pronto para atenderle. Qútese los zapatos, las medias, y el reloj, y súbese las perneras de pantalón y las mangas antes de que llegue la acupunturista. Puede guardar sus efectos personales en un rincón o debajo de la mesa de tratamiento.

El ambiente relajante de nuestra clínica existe porque todos nuestros pacientes participan en relajarse juntos. Apreciamos la presencia de todos. Este ambiente requiere que nadie hable mucho ni en voz muy alta dentro de la clínica. Por favor no converse con los otros pacientes, y no hable por teléfono en los cuartos de tratamiento.

Pedimos que por favor no use productos perfumados el día de su tratamiento porque hay personas que le pueden provocar alergias o dolores de cabeza.

Por favor llegue a su cita a tiempo. Tratamos a pacientes en incrementos de 15 minutos y normalmente estamos a tiempo. Si necesita cancelar o cambiar una cita, pedimos que lo haga 24 horas anteriormente, para que podamos ofrecerle la cita a otro paciente. Déjenos un mensaje si no atendemos el teléfono. La tarifa por una cita perdida es entre \$15 y \$40, según la escala móvil, si no nos avisa que tiene que cancelar.

Su Compromiso

La acupuntura es un proceso. Casi todos los pacientes requieren una serie de sesiones de tratamiento, en vez de un solo tratamiento, para llegar a sus resultados deseados. Esto es típico de la acupuntura de la China. Durante su primera visita, la acupunturista le explicará un curso de tratamiento sugerido. Si usted no viene frecuentemente, o por suficiente tiempo, la acupuntura no le servirá. El propósito de la escala móvil es para ayudarle hacer un compromiso a su tratamiento para tener buenos resultados.

Avíseles a otros

Una gran razón por la que podemos mantener los precios bajos es que tenemos pocos gastos. "De boca a boca" es nuestra mejor publicidad. Estamos muy agradecidos por el apoyo que ustedes, nuestros pacientes, nos han dado. El éxito de nuestra clínica depende en que usted comparte su experiencia de la clínica con su comunidad. ¡Por favor, avíseles a otros!

New Patient Registration *Formulario de historial de salud*

Name *Nombre y apellido:* _____ **Nickname** *Nombre que prefiere llamarse:* _____
Address *Domicilio:* _____ **City** *Ciudad:* _____
State *Estado:* _____ **Zip** *Código Postal:* _____ **Best Phone** *Número telefónico:* _____
Date of Birth *Fecha de nacimiento (m/d/a):* _____ **Occupation** *Ocupación:* _____
Preferred Pronoun *Pronombre preferido:* _____ **Marital Status** *Estado civil:* _____
Email Address *Correo electrónico:* _____
Primary Care Provider *Médico de cabecera:* _____
Have You Had Acupuncture Previously? Yes No **Emergency Contact** _____
How Did You Hear About Us *¿Cómo se enteró acerca de nosotros?* _____

Primary Concerns *Queja principal:* What is your main concern?

When & why did this start? *¿Cuándo empezó?* _____

Please rate the intensity of your complaint from 0 being no pain/discomfort and 10 being the worst. On the scale below, mark **B** to describe the intensity at its BEST and **W** for its WORST.

0 ← ----- 2 ----- 5 ----- 8 ----- → 10

Secondary Concerns & Health Issues: Do you have other concerns?

When & why did this start? *¿Cuándo empezó?* _____

Please rate the intensity of your complaint from 0 being no pain/discomfort and 10 being the worst. On the scale below, mark **B** to describe the intensity at its BEST and **W** for its WORST.

0 ← ----- 2 ----- 5 ----- 8 ----- → 10

Does this pain/issue interfere with your work? *¿Este problema interfiere con su vida?*
(circle one)
Yes/Si No/No

Does this pain/issue interfere with your work? *¿Este problema interfiere con su vida?*
(circle one)
Yes/Si No/No

Do you have any trouble sleeping? *¿Duerme lo suficiente en promedio?* _____

Do you feel like you have enough energy to get through the day? *¿Tiene suficiente energía para pasar el día?* _____

Please rate the intensity of your current stress level from 0 (being none) to 10 (being the worst):

¿estado de nerviosismo?

0 ← ----- 2 ----- 5 ----- 8 ----- → 10

Is there anything else you'd like us to know about you? *¿Hay algo más que quiera que sepamos sobre usted?*

ACUPUNCTURIST'S NOTES:

Signed/Dated: _____

PATIENT RESPONSIBILITIES

At SHCA, our goal is to make Chinese medicine available to people who can benefit from it, even if they don't have a lot of money. That's why we charge as little as we possibly can, and we keep our business running because we treat a lot of patients. **Community acupuncture only works because our patients treat the clinic like a shared resource that they really care about.** You're not a customer here, you're a participant. When you get acupuncture or any other services here, you are helping other people get care. Your presence in the treatment room supports other people's healing.

Our sliding scale means that our operating margins are razor-thin. We're not complaining, because we've got the best jobs in the world—also, the best patients. We know that things come up, but with how little we charge, **we need you to be responsible for keeping your appointments.** If you don't show up or if you cancel on short notice, it impacts our operations and may prevent another patient from getting the acupuncture they need.

SHCA runs on co-operation. We need jobs and you need acupuncture. If we co-operate, we believe that we can all get what we need even though none of us have a lot of money.

As a SHCA patient, your responsibility is to give at least 24 hours' notice to cancel an appointment. You must also give the 24 hours' notice to change it to another day. To cancel on short notice, you must call. Please do not email us about cancellations.

If you don't show up to your appointment or if you cancel with less than 24 hours' notice, you will need to pay a minimum fee of \$15. If you have prepaid your appointments as a package, the fee will be collected by deducting a visit from the package. The last thing we want is for you to pay \$15 to not get a treatment. We do this whole thing because we want you to get care! So please come in for your appointments and give appropriate notice when you need to cancel.

There are different levels of co-operation. At the broadest-level, there is **POCA, the People's Organization of Community Acupuncture**, a co-op that we helped found and that we belong to. **If you want to help the community acupuncture movement, you can join POCA as a member too. We'd love that.** However, you don't have to be a member of POCA to get acupuncture here.

The people who staff the front desk are POCA co-op members and volunteers. Our volunteers give their time so that SHCA can continue without having to raise our sliding scale rates. **It is your responsibility to treat our POCA volunteers with patience and respect.** We need you to be nice and stay calm, even if a front desk person makes a mistake or you need to wait longer than you'd like.

By signing this form, I understand I am a cooperative participant in my treatment at SHCA. This means giving 24 hours' notice if I can't attend an appointment I've made, paying the fee if I don't give enough notice, treating personnel with respect, and understanding that SHCA is not a conventional business but rather a cooperative endeavor.

Print Name: _____

Signature **X** _____

Date: ____ / ____ / ____

INFORMED CONSENT TO TREAT

I consent to receive acupuncture and other procedures within the scope of acupuncture practice from the acupuncturist physicians and therapists at Seminole Heights Community Acupuncture (SHCA). This treatment may include, but is not limited to: acupuncture, Chinese herbal medicine, Reiki, cupping, and moxibustion.

Acupuncture is the insertion of thin, sterile needles in precise areas of the body. These needles can prompt the body to initiate healing and promote health. There are few adverse effects: when occurring, these could include temporary weakness, fainting or aggravation of symptoms. There is little to no risk of infection with sterile needles. Occasional bruising or slight bleeding may occur as part of your treatment. SHCA uses only one-time use, sterile disposable needles.

Chinese herbal medicine and nutritional supplements may be recommended. If you choose to use them, they are safe in the prescribed doses. Large doses taken without the practitioner's advice may have adverse effects, and some herbs are inappropriate during pregnancy.

Reiki (also referred to as “palm healing” or “hands-on-healing”) is a technique for stress reduction and relaxation. During a Reiki session you will be fully clothed except for your shoes. Reiki is done in the clinic’s semi private area. The Reiki practitioner will place their hands lightly on different parts of your body, allowing their hands to rest on each area for 2 to 5 minutes before moving on to the next. Reiki can be used in conjunction with all other medical or therapeutic techniques to relieve stress and promote recovery.

Moxibustion involves burning small quantities of the herb mugwort on or above the skin. Possible side effects of moxibustion include burning and scarring. **Cupping** is a therapy where suction cups are applied to your body to increase circulation. Temporary discoloration often appears and resolves within a week or two. If you are interested in cupping ask the front desk for our cupping handout with more information including after care instructions. Most treatments at SHCA do not include moxibustion or cupping.

I understand that SHCA provides acupuncture in a community setting. The purpose of this setting is to allow as many people as possible to access treatment and to decide for themselves how they wish to use acupuncture to manage their health. Common side effects of acupuncture treatment in a community room include deep relaxation, falling asleep, and snoring. I understand that if I need to be woken up at a certain time, I will complete one of the “Wake Me” signs available in reception and place the sign in a visible area during my treatments. I understand that I might be too relaxed to drive immediately after treatment. If other people’s snoring bothers me, I understand that I need to bring earplugs or headphones. I understand that at times, someone else might be sitting in my favorite recliner. I understand that community acupuncture involves actual community with a wide variety of people, and may at times require some flexibility, patience, or understanding from me.

I understand that acupuncture needles are very small; a different acupuncturist may remove the needles than the one who inserted them. I may need to help my acupuncturist locate all of the needles at the end of my treatment and before I leave the clinic. I understand that SHCA needs to treat a high volume of patients in order to keep its prices as low as they are, and I am willing to participate in my own treatment process.

I understand that while this form describes major risks of treatment, other side effects and complications may occur. I do not expect the acupuncture physician or other therapists to be able to anticipate or explain all possible risks and complications of treatment. I understand that results are not guaranteed.

I understand that acupuncture, recovery and wellness in general are a process, and that results will be best when I receive treatment regularly and as frequently as my provider recommends. I will ask if I have questions about my treatment or about its risks and benefits. I will notify the clinic staff if I am or become pregnant.

I understand that my records will be kept confidential and will not be released without my written consent. Clinical and administrative staff may review my records as needed.

I have read this information (or had it read to me), and I have had an opportunity to ask questions. By signing below, I voluntarily give consent to receive acupuncture for my present condition and for any future conditions. Informed written consent must be provided by parent or legal guardian for any client under the age of 17.

Print Name: _____

Signature **X** _____

Date: ____ / ____ / ____

Consentimiento Informado Para Tratamiento

Doy mi consentimiento para tratamientos de acupuntura y otros procedimientos relacionados con la medicina tradicional china por los acupunturistas licenciados empleados por Seminole Heights Community Acupuncture y por otros miembros del personal clínico que ayudan a los acupunturistas licenciados como sea necesario. Ya he discutido sobre la naturaleza y el propósito de mi tratamiento con un miembro del personal de la clínica.

Entiendo que los métodos de tratamiento pueden incluir, pero no se limita a la acupuntura, moxibustión, ventosas, estimulación eléctrica, y la medicina herbaria china.

Entiendo que la acupuntura y sus modalidades de tratamiento complementario son un método seguro de tratamiento, aunque pueden tener efectos secundarios, incluyendo moretones, los mareos o desmayos, y hormigueo o adormecimiento por los sitios donde se ha puesto las agujas que puede durar unos pocos días. Las hierbas y suplementos recomendados en SHCA son consideradas seguras en la práctica de la medicina tradicional china, pero puede ser tóxico en grandes dosis. Algunas hierbas pueden resultar inadecuadas durante el embarazo. Entiendo que las hierbas se deberían tomar como dirigido por la acupunturista licenciada.

No espero que el personal de la clínica sea capaz de anticipar y explicar todos los posibles riesgos y complicaciones del tratamiento, y deseo confiar en el personal de la clínica para ejercer su juicio durante el curso de tratamiento que el personal de la clínica considera que estar en mi mejor interés basado en los hechos que conozca en el momento del tratamiento.

Tengo entendido que el personal médico y administrativo de clínica puede revisar mi expediente médico, pero que mis archivos se mantendrán confidenciales y no serán liberados sin mi consentimiento.

Firmando voluntariamente a continuación, muestro que he leído, o se me ha leído, este consentimiento al tratamiento, que me han informado de los riesgos y los beneficios de la acupuntura y procedimientos asociados, y que haya tenido la oportunidad de hacer preguntas. Tengo la intención de que este formulario para cubrir todo el curso de tratamiento de mi condición actual y por cualquier futura condición(es) por lo cual busque el tratamiento.

Print Name (Nombre y Apellido): _____

Signature (Firma) X _____

Date (Fecha) ____ / ____ / _____

Financial Policy *Acuerdo Financiero*

SHCA is a low-cost, high volume Community Acupuncture clinic. Our fees are \$15 - \$40 per treatment. You decide what you can pay at each visit. We will never ask for income verification and trust that you know best what you can afford to pay. We make every attempt to make acupuncture available to as many people as possible at the most affordable rates. This is our mission.

Payment is expected at the time of your visit. We accept cash, checks, and debit/credit cards. We ask that you be prepared to pay for your treatment each time you come in. At any time, you may change the amount that you pay on the sliding scale up or down. If you need a receipt, please let us know. There is a \$30 fee for any returned checks (what the bank charges us).

We reserve an appointment time for you and ask that you call us if you cannot keep your appointment. In consideration of the clinic and other folks who may be on a waiting list for appointments, we ask that you give us at least 24 hours' notice in advance of an appointment that you'll not be able to keep. There will be a charge for any acupuncture, reiki or herbal consult appointment that is missed, rescheduled or cancelled with less notice. The fee will be your regular session payment amount which will be payable at the next visit.

Please arrive on time or a few minutes early to your appointment. Depending on the patient volume on any given day, if you are more than 10 minutes late the acupuncturist may not be able to see you, and you may be charged a no-show fee. If you know that you will be late to your appointment (if, for example, there is traffic), please call us at **(813) 237-8920** to make us aware of the situation. Depending on the schedule that day, we will do everything we can to fit you in.

We do also recognize that emergencies happen, and would be happy to consider these on an individual basis, or course. Thanks for understanding and in doing so, helping us to keep our fees as low as possible.

SHCA hace cada tentativa de hacer la medicina alternativa como la acupuntura y la medicina china, disponible a tantas personas como sea posibles, a los precios más económicos.

Por respecto a nuestra intención de ofrecer una atención de salud de alta calidad a precios asequibles, pedimos 24 horas de aviso por adelantado de una cita si es necesario cancelar o reprogramar una cita.

Todas las citas que se renegocian o se anulan con menos que previo aviso de 24 horas y citas perdidas sin el aviso, se cobrarán unos honorarios de 15\$. Para citas que se han comprado en un paquete o se han pagado por adelantado, la cita perdida, anulada o renegociada se descontará a un precio de 15\$ del paquete o crédito.

El pago se espera al momento del tratamiento.

Gracias por su comprensión,

EL PERSONAL de Acupuntura Comunitaria de Seminole Heights (SHCA)

I agree to the above policy:

Print Name (Nombre y Apellido): _____

Signature (Firma) X _____

Date (Fecha) ____ / ____ / _____