

Martha Elser, D.Hm., L.Ac.

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 services of Martha Elser, D.Hm., L.Ac. if this is deemed necessary for the care of the patient. All of the terms and conditions hereof shall also apply.

1. Medical Consent: I have read and fully understand that Martha Elser, D.Hm., L.Ac. offers therapy and treatments which include acupuncture with or without needles, acupressure, nutritional counseling, herbal therapy and diagnostic tests. I hereby request and consent to treatment and therapy by licensed acupuncturists who now or in the future are working or serving as back-up in this office. I accept the full responsibility to follow up the medical advice given by Martha Elser, D.Hm., L.Ac.

I understand and am informed that in the practice of Oriental Medicine there are some risks to treatment including but not limited to bruises, pneumothorax (punctured lung), and sprains.

2. Release of Information: Martha Elser, D.Hm., L.Ac. is authorized to 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 and has directed to be done.

3. Medical Records: The patient or patient's representative when specified by the patient hereby authorizes Martha Elser, D.Hm., L.Ac. to obtain his/her medical records from previous medical history rendered by other physicians or medical centers.

4. Financial Agreement: The patient or patient's representative shall pay for medical treatment at the time the services are rendered. When this agreement is executed by the patient or 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 other amounts due.

Martha Elser, D.Hm., L.Ac. and the patient or patient's representative hereby enter into this agreement. The patient or the patient's representative certifies that he/she has read and accepted the above terms and is the patient or is duly authorized to make such an agreement on behalf of the patient.

Signature of Patient _____ Date _____

Signature of Patient's Representative or Parent (if patient is a minor) _____

Relationship to patient _____

Date _____

NAME _____ Birthdate _____

Telephone: Cell _____ Home _____ Work _____

Address (street, city, state, zip code) _____

Single / Married / Domestic Partner / Significant Other / Widowed / Divorced

Occupation _____ Referred By _____

MAJOR COMPLAINT/S _____

Date of onset (when you first noticed your problem) _____

Pain/discomfort is: (Minimal) 1 2 3 4 5 6 7 (Severe)

Have you had this in the past? No / Yes When _____

Please mark your areas of pain/discomfort on the diagram below.

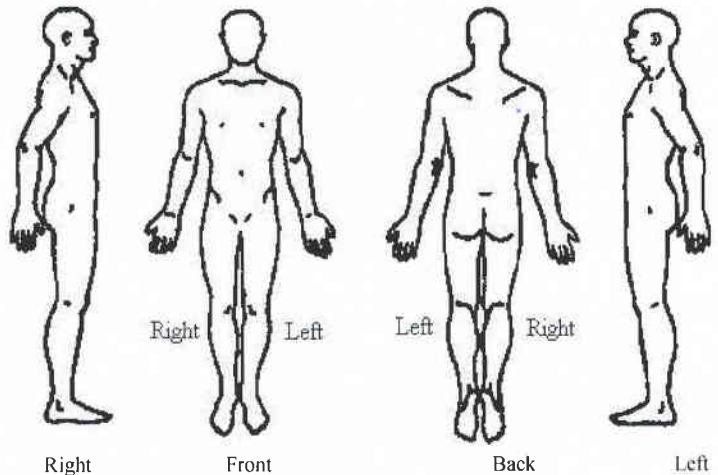
What makes it better? _____

What makes it worse? _____

Is your condition: Getting worse / Constant / Comes and Goes

Medications/Drugs/Herbs you are currently taking:

List surgeries/operations you have had with the dates:



MEDICAL HISTORY: (Circle if you have or have had any of the following)

Arthritis / Asthma / Anemia / Heart Trouble / Cancer / Diabetes / Epilepsy / Stroke / Gallstones / Ulcers / Hepatitis /

High Blood Pressure / Chronic Fatigue / Jaundice / Sudden Weight Loss / Sudden Weight Gain / Scarlet Fever / Rheumatic Fever /

Gonorrhea / Syphilis / Food, Drug Poisoning / Rectal Disease / Pleurisy / Polio / Meningitis / Nervous Breakdown / Pneumonia /

TB / Angina / Hay Fever / Boils / Infections / Alcoholism / Miscarriage / Mental Disorder / Drug Problem / AIDS/ HIV+ /

Broken Bones / Dislocations / Scoliosis / Allergies / Kidney/Bladder trouble / Concussion/Head Injury / Sugar Addiction

Other _____

List any family disease tendency of which you are aware: _____

3 Day Diet Log

Name _____

Please fill in what you ate and drank for the LAST THREE DAYS. Include approxiamate portions of each dish and drink.

Food

Drink

Day 1

Breakfast

Snack

Lunch

Snack

Dinner

Snack

Day 2

Breakfast

Snack

Lunch

Snack

Dinner

Snack

Day 3

Breakfast

Snack

Lunch

Snack

Dinner

Snack

	Food	Drink
Day 1		
Breakfast		
Snack		
Lunch		
Snack		
Dinner		
Snack		
Day 2		
Breakfast		
Snack		
Lunch		
Snack		
Dinner		
Snack		
Day 3		
Breakfast		
Snack		
Lunch		
Snack		
Dinner		
Snack		