

MetroWest Community Acupuncture

229 East Main Street Suite

203 Milford, MA 01757

Registration & New Patient Form

Welcome to MetroWest Community Acupuncture!

MetroWest Community Acupuncture (MWCA) is one of many community acupuncture clinics in the country who are members of the People's Organization of Community Acupuncture (POCA). POCA is a multi-stakeholder cooperative whose mission is to make acupuncture affordable for nearly everyone, while promoting a sustainable business model that works for patients and practitioners. To learn more about the cooperative and to find POCA member clinics near you, visit www.pocacoop.com.

We Have a Sliding Scale

We offer treatments on a sliding scale of \$15 - \$40 with an additional one time \$10 consultation fee for the first appointment. You decide how much you want to pay. Acupuncture is most effective for many health concerns when it is done frequently and regularly. We've found this to be especially true at the beginning of a course of treatment. Acupuncture is a PROCESS. It is very rare for any person to be able to resolve a problem completely with one treatment (though it does happen!). Multiple treatments are much more likely to lead to relief. Your acupuncturist will suggest a course of treatment based on the intensity and duration of your health issue. Twice a week is usually the minimum needed to get some momentum of improvement – though more frequent visits are common for short periods of time if the problem is quite intense.

We Treat in a Community Room

We believe a group setting has many benefits: it's easier for friends and family to come in together, and therapeutic effect is enhanced in a community space. The treatment room is meant to remain a quiet space for you and others to rest, sleep, and experience healing. For that reason, we ask you to silence your cell phones, and refrain from using any electronic devices, talking, or reading during your treatment. This is for your own benefit too; sleeping, or pretending to sleep, is the best way to relax deeply enough for the needles to do their best work. Maintaining a reservoir of calm requires very little talking in the clinic space, including us. If you would like to speak to your acupuncturist one on one, please schedule a consultation so we can set aside time to talk with you. Please wear loose, comfortable clothing. Pants should be loose enough to roll up to the knees. If you're coming in for shoulder pain, a tank top can help us gain access to points we may need to use. Since some of our patients may have chemical sensitivities, we ask that you refrain from wearing perfume the day of your treatment, and avoid using scented cosmetics and/or smoking just before your appointment.

Our Commitment to You

We aim to provide you with tools to take care of your own health in a safe, welcoming environment with skilled practitioners. We want to listen to your advice and feedback about your experience and are eager to co-create the healing environment. We will do all of this with a sense of humor and help from you as well. We believe in cooperation. Please enjoy the space. We're happy you're here.

MWCA Registration & New Patient Form Financial Policy

MWCA is a low cost, high volume Community Acupuncture Clinic. Our fees are \$15 - \$40 per treatment, plus a one time \$10 fee for your initial consultation. You decide how much to pay at each visit. We will never ask for income verification and trust that you know best what you can afford. 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 major 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 on the day of your visit.

There is a \$15 fee for any returned checks. We reserve a time for you and ask that you call us if you cannot keep your appointment. In consideration of the clinic and other patients who may be on a waiting list for appointments, we ask that you give us at least 24 hours' notice in advance of a cancellation. There will be a charge for any acupuncture or herbal consult appointment that is missed, rescheduled or cancelled with less than 24 hours' notice. The fee will be your regular acupuncture payment which will be payable at the next visit.

Please arrive on time or a few minutes early to your appointment. If you know that you will be late to your appointment (if, for example, there is traffic), please call us at (508) 381-0353 to make us aware of the situation. Thanks for understanding and in doing so, helping us to keep our fees as low as possible.

I agree to the above policy:

Print Name: _____

Signature: _____ Date: _____

(Signature of legal guardian if patient is under 18 years old)

Informed Consent

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. In rare cases, there are few potential adverse effects. These could include temporary weakness, fainting or aggravation of symptoms. If you experience any of these symptoms, please alert the acupuncturist on duty immediately. Occasionally, bruising or slight bleeding may occur as part of your treatment. There is little to no risk of infection with sterile needles. MWCA uses only one time use, sterile disposable needles. Herbal and nutritional supplements may be recommended. These are safe in the prescribed doses. Large doses taken without my practitioner's recommendation may have adverse effect; some herbs are inappropriate during pregnancy. We do not provide biomedical care. Please advise us if you are pregnant, have a bleeding disorder, pacemaker, high blood pressure, local infection or have been prescribed anticoagulant medications like Coumadin. By signing below, you state that you have informed your acupuncturist of such conditions.

With this knowledge, I voluntarily consent to the above procedures.

Print Name: _____

Signature: _____ Date: _____

(Signature of legal guardian if patient is under 18 years old)

Your name: _____ Preferred nickname: _____

Address: _____

Date of birth: ___/___/___ Gender: _____ Marital status: _____

Email: _____ Home phone: _____ Cell phone: _____

Occupation: _____ Primary Care Physician: _____

Have you had acupuncture before? __Yes __No How did you hear about us? _____

Primary Health Concerns:

1. _____

When & why did this start? _____

Please rate the intensity of this complaint from **0** (no pain or discomfort) to **10** (worst pain you can imagine). Mark "**B**" for BEST it's been, "**W**" for WORST it's been: 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

2. _____

When & why did this start? _____

Please rate the intensity of this complaint from **0** (no pain or discomfort) to **10** (worst pain you can imagine). Mark "**B**" for BEST it's been, "**W**" for WORST it's been: 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

Do you have any trouble sleeping? _____ Does pain affect your work? _____

Do you have enough energy to get through the day? _____

Please rate your current emotional stress level: 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

Is there anything else you'd like us to know about you? _____

-----Do not write below this line-----

Acupuncturist notes: _____

Acupuncturist signature & date: _____

