Mira Choi Tyson
Licensed Acupuncturist

New Patient Intake Form – Microneedling/Nanoneedling Treatment

GENERAL INFORMATION

Name: _____ Date of Birth: _____ Age: _____
First / Middle Initial / Last — Month / Date / Year

Address: _____

Email: _____ Phone: _____ Occupation: _____

Emergency Contact: Name: _____ Phone: _____

Primary Physician: Name: _____ Phone: _____

MEDICAL HISTORY

Surgeries: _____

Significant Trauma (auto accidents, falls, emotional, etc): _____

Allergies: _____

Have you ever had an infectious disease? ☐ Yes ☐ No ☐ HIV ☐ TB ☐ COVID-19 ☐ Other

Medications: (Please list all OTC, prescription, vitamins, and supplements, and what they are taken for.)

Name of Medication:	For:	Name of Medication:	For:

SOCIAL & LIFESTYLE

Do you exercise? ☐ Never ☐ Little ☐ Moderately ☐ Heavily Stress level: ☐ Low ☐ Medium ☐ High

Hours of sleep per night? _____ Do you wake rested? ☐ Yes ☐ No

☐ Awake easily ☐ Difficulty falling asleep ☐ Restless sleep ☐ Sleep too much

☐ Vivid dreams ☐ Bad dreams ☐ Other: _____

Diet:

Appetite: ☐ Poor ☐ Good ☐ Excessive Water (1 glass = 8 oz): ___ glasses daily

☐ Sugar ☐ Salty foods ☐ Artificial sweeteners ☐ Soft Drinks

☐ Caffeine How often? _____ ☐ Alcohol # of drinks per week: _____

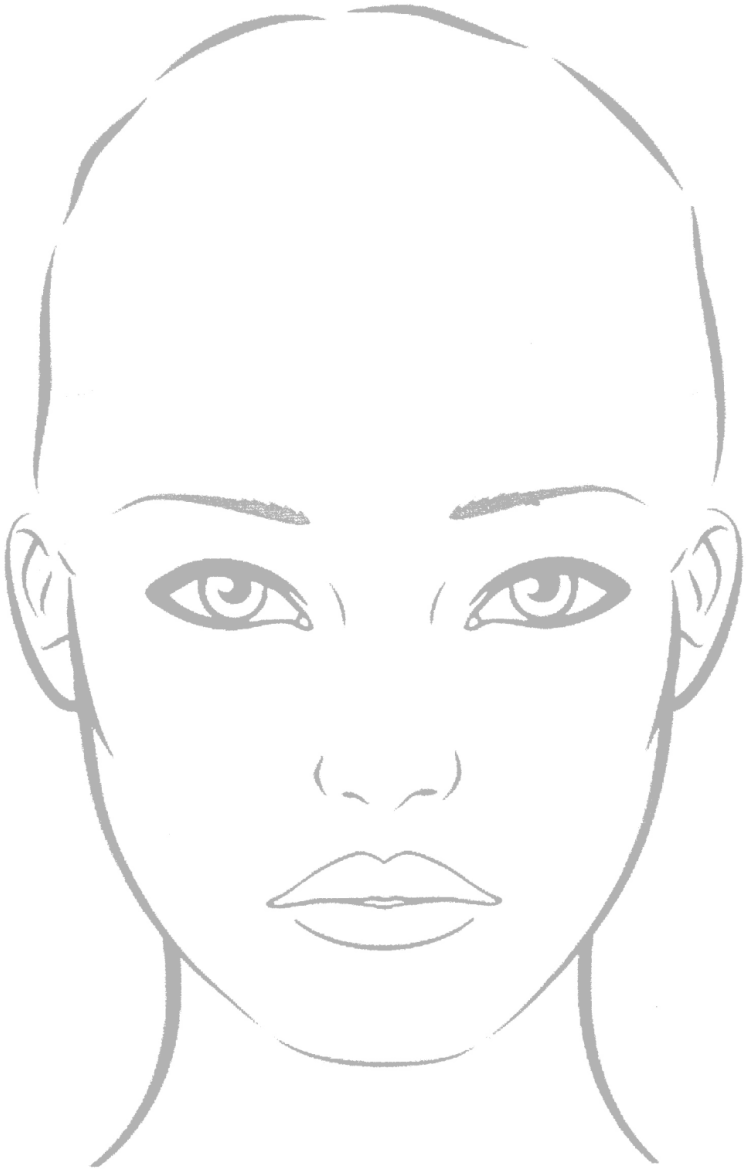
☐ Tobacco How often? _____ ☐ Former alcohol use # of years quit: _____

☐ Recreational Drugs How often? _____ ☐ Former tobacco use # of years quit: _____

CURRENT SYMPTOMS (Check all that apply)

☐ High blood pressure	☐ Low blood pressure	☐ High cholesterol	☐ History of blood clots
☐ Hyperthyroid	☐ Hypothyroid	☐ Migraines	☐ Peculiar tastes or smells
☐ Pacemaker	☐ Metal implants: _____		

Please mark any areas of concern:



HIPPA NOTICE OF PRIVACY PRACTICES

Your protected health information may be used and disclosed by MCT Acupuncture for the purpose of providing health care services to you, to support the healthcare operation, and as required by law.

Treatment: to provide, coordinate, or manage your healthcare and related services. This includes the coordination of your healthcare with a third party. For example, to another healthcare professional to whom you have been referred to ensure that the provider has the necessary information to diagnose or treat you.

Healthcare operations: in order to support the business activities of MCT Acupuncture. These activities include, but are not limited to, quality assessment and review activities, licensing, and conducting or arranging for other business activities. For example, to contact you to remind you of your appointment or review your case to determine a continued course of treatment.

Use required by law: in the following situations without your authorization: communicable diseases; health oversight; abuse or neglect; Food and Drug Administration requirements; legal proceedings; law enforcement; organ donation; research; national security; Worker's Compensation; inmate; required uses and disclosures. Under the law, disclosures must be made available to you and are required by the Secretary of the Department of Health and Human Services.

You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information. You may ask MCT Acupuncture not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family or friends who may be involved in your care. Your request must state the specific restriction and to whom the restriction will apply.

You have the right to request to receive confidential communications by alternative means or at an alternative location.

You may have the right to amend your protected health information. If denied, you have the right to file a statement of disagreement with MCT Acupuncture.

You have the right to receive an accounting of certain disclosures made, if any, of your protected health information.

You have the right to obtain a paper copy of this notice, upon request, even if you have agreed to accept this notice electronically.

Complaints: You may complain to MCT Acupuncture or to the Secretary of Health and Human Services if you believe your privacy rights have been violated.

MCT Acupuncture is required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information.

I acknowledge that I have received the HIPPA Notice of Privacy Practices.

PATIENT SIGNATURE (Type your name as signature) Date

INFORMED CONSENT FOR MICRONEEDLING TREATMENT

INSTRUCTION – This is an informed consent document that has been prepared to help your acupuncturist inform you concerning Microneedling treatments, the risks involved, and possible alternatives. Please be advised that this is not a surgical procedure. It is important that you read this information carefully and completely, and sign this consent for Microneedling treatments as proposed by your acupuncturist.

INTRODUCTION – The Microneedling treatment allows for controlled induction of growth factor serums, or hyaluronic acid, into the skin's self-repair process by creating micro injuries in the skin. These injuries stimulate new collagen production, while not posing the risk of permanent scarring. The result is smoother, firmer and younger looking skin. The skin needling treatments are performed in a safe and precise manner with a sterile needle head and are usually completed in 30-60 minutes.

A treatment session may confine itself solely to facial Microneedling, or it may be used in conjunction with other procedures (eg, LED light therapy).

BENEFITS:

- Little downtime: usually 12-24 hours
- Low risk, effective, and comfortable
- Natural collagen production
- Reduces stretch marks
- Improves acne scars
- Decreases hair and eyebrows loss
- Improves wrinkles on neck
- Long term results

ALTERNATIVE TREATMENT – Improvement of sagging skin, wrinkles, and fatty deposits may be attempted by other treatments or surgery such as a surgical facelift, chemical face peels, or liposuction. Risk and potential complications are associated with these alternative forms of treatment.

SIDE EFFECTS TYPICALLY INCLUDE:

- Skin will be pink or red and may feel warm, like mild sunburn, tight and itchy, which usually subsides in 12 to 24 hours.
- Minor flaking or dryness of the skin, with scab formation in rare cases.
- Crusting, discomfort, bruising and swelling may occur.
- Pinpoint bleeding.
- It is possible to have a cold sore flare if you have a history of outbreaks.
- Freckles may lighten temporarily or permanently disappear in treated areas.
- Infection is rare but if you see any signs of tender redness or puss notify our office immediately.
- Hyperpigmentation (darkening of the skin) rarely occurs and usually resolves itself after a month.
- Permanent scarring (less than 1%) is extremely rare.

BIO-LIGHT THERAPY:
I consent to Bio-Light Therapy Treatments. There are no side effects known so far. It is a completely safe and painless technique. There is no risk of burning. There are no absolute contraindications to light therapy but caution should be observed in some cases comprising of:

- Eyes vulnerable to photo toxicity
- Tendency towards mania
- Photosensitive skin
- Use of photosensitizing medicine or herbs

HEALTH INSURANCE – Most health insurance companies exclude coverage for Microneedling treatments and/or complications that might occur from Microneedling treatments. Please carefully review your health insurance subscriber information.

ADDITIONAL CARE NECESSARY – There are many variable conditions in addition to risk and potential complications that may influence the long-term results of Microneedling reatments. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with Microneedling treatments. Other complications and risks can occur but are even more uncommon. Should complications occur, other treatments may be necessary. The practice of acupuncture is not an exact science. Although good results are expected, there is no guarantee or warranty, either expressed or implied, on the results that may be obtained.

COURSE OF TREATMENT – A full course of Microneedling treatment consists of an initial consultation and typically 4-6 treatments administered once monthly. Each follow-up treatment takes about 30-60 minutes.

CONTRAINDICATIONS FOR TREATMENT: (Please check any that apply.)

☐ Cardiac abnormalities	☐ Accutane within last 6-months	☐ Diabetes & other chronic conditions
☐ Hemophilia	☐ Scleroderma	☐ Active bacterial or fungal infections
☐ Rosacea	☐ Facial cancer (past/present)	☐ Immune-suppression
☐ Blood clotting problems	☐ Chemotherapy	☐ Scars less then 6-month old
☐ Platelet abnormalities	☐ Steroid therapy	☐ Botox/facial fillers in the past 2-4 weeks
☐ Anticoagulation therapy (i.e., Warfarin)	☐ Dermatological diseases affecting the face (i.e., Porphyria)	☐ Pregnant or nursing

☐ **Precautions:** keloid or raised scarring, eczema, psoriasis, actinic keratosis, and herpes simplex.

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FINANCIAL RESPONSIBILITES – The cost of facial acupuncture involves several charges for the services provided. The total includes fees charged by the acupuncturist, as well as the cost of acupuncture supplies and topical preparations. 4-6 treatments are recommended depending on the condition of your skin. If the cost of your Microneedling treatment is covered by an insurance plan, you will be responsible for all required copays, coinsurance, and deductibles, as well as any other charges not covered.

CANCELLATION POLICY: Please provide 24-hour's notice if rescheduling an appointment is necessary. Unless it is an emergency, a $100 fee will be charged for missed appointments.

DISCLAIMER – Informed-consent documents are used to communicate information about the proposed procedures along with disclosure of risks and alternative forms of treatment(s). The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances. However, informed consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your acupuncturist may provide you with additional or different information which is based upon all the facts in your particular case and the present state of knowledge within the field of acupuncture. Informed consent documents are not intended to be comprehensive of all of the possible issues involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve. It is important that you read the above information carefully and have all of your questions answered before signing the following consent.

I hereby request and consent to the performance of Microneedling treatments and other procedures within the scope of the practice of acupuncture on me (or on the patient named below, for whom I am legally responsible) by the acupuncturist indicated below.

I understand the clinical and administrative staff may review my patient records and lab reports, but all my records will be kept confidential and will not be released without my written consent or as required by law.

By voluntarily signing below, I show that I have read, or have had read to me, the above consent to treatment, have been told about the risks and benefits of Microneedling and other procedures, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of Microneedling treatments I receive and for any future condition(s) for which I seek treatment.

ACUPUNCTURIST NAME: MCT

PATIENT SIGNATURE (Type your name as signature) Date

ALSO **SIGN** THE **ARBITRATION AGREEMENT**

ARBITRATION AGREEMENT

Article 1: Agreement to Arbitrate: It is understood that any dispute as to medical malpractice, including whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by state and federal law, and not by a lawsuit or resort to court process, except as state and federal law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

Article 2: All Claims Must be Arbitrated: It is also understood that any dispute that does not relate to medical malpractice, including disputes as to whether or not a dispute is subject to arbitration, as to whether this agreement is unconscionable, and any procedural disputes, will also be determined by submission to binding arbitration. It is the intention of the parties that this agreement bind all parties as to all claims, including claims arising out of or relating to treatment or services provided by the health care provider, including any heirs or past, present or future spouse(s) of the patient in relation to all claims, including loss of consortium. This agreement is also intended to bind any children of the patient whether born or unborn at the time of the occurrence giving rise to any claim. This agreement is intended to bind the patient and the health care provider and/or other licensed health care providers, preceptors, or interns who now or in the future treat the patient while employed by, working or associated with or serving as a back-up for the health care provider, including those working at the health care provider's clinic or office or any other clinic or office whether signatories to this form or not. All claims for monetary damages exceeding the jurisdictional limit of the small claims court against the health care provider, and/or the health care provider's associates, association, corporation, partnership, employees, agents and estate, must be arbitrated including, without limitation, claims for loss of consortium, wrongful death, emotional distress, injunctive relief, or punitive damages. This agreement is intended to create an open book account unless and until revoked.

Article 3: Procedures and Applicable Law: A demand for arbitration must be communicated in writing to all parties. Each party shall select an arbitrator (party arbitrator) within thirty days, and a third arbitrator (neutral arbitrator) shall be selected by the arbitrators appointed by the parties within thirty days thereafter. The neutral arbitrator shall then be the sole arbitrator and shall decide the arbitration. Each party to the arbitration shall pay such party's pro rata share of the expenses and fees of the neutral arbitrator, together with other expenses of the arbitration incurred or approved by the neutral arbitrator, not including counsel fees, witness fees, or other expenses incurred by a party for such party's own benefit. Either party shall have the absolute right to bifurcate the issues of liability and damage upon written request to the neutral arbitrator. The parties consent to the intervention and joinder in this arbitration of any person or entity that would otherwise be a proper additional party in a court action, and upon such intervention and joinder, any existing court action against such additional person or entity shall be stayed pending arbitration. The parties agree that provisions of state and federal law, where applicable, establishing the right to introduce evidence of any amount payable as a benefit to the patient to the maximum extent permitted by law, limiting the right to recover non-economic losses, and the right to have a judgment for future damages conformed to periodic payments, shall apply to disputes within this Arbitration Agreement. The parties further agree that the Commercial Arbitration Rules of the American Arbitration Association shall govern any arbitration conducted pursuant to this Arbitration Agreement.

Article 4: General Provision: All claims based upon the same incident, transaction, or related circumstances shall be arbitrated in one proceeding. A claim shall be waived and forever barred if (1) on the date notice thereof is received, the claim, if asserted in a civil action, would be barred by the applicable legal statute of limitations, or (2) the claimant fails to pursue the arbitration claim in accordance with the procedures prescribed herein with reasonable diligence.

Article 5: Revocation: This agreement may be revoked by written notice delivered to the health care provider within 30 days of signature and, if not revoked, will govern all professional services received by the patient and all other disputes between the parties.

Article 6: Retroactive Effect: If patient intends this agreement to cover services rendered before the date it is signed (for example, emergency treatment), patient should initial here. _____. Effective as of the date of first professional services. If any provision of this Arbitration Agreement is held invalid or unenforceable, the remaining provisions shall remain in full force and shall not be affected by the invalidity of any other provision. I understand that I have the right to receive a copy of this Arbitration Agreement. By my signature below, I acknowledge that I have received a copy.

NOTICE: BY SIGNING THIS CONTRACT, YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION, AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT.

OFFICE SIGNATURE: MCT

PATIENT SIGNATURE (Type your name as signature) Date

ALSO **SIGN** THE **INFORMED CONSENT FORM**

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