

## **MetroWest Community Acupuncture**

229 East Main Street

Suite 203

Milford, MA 01757

### **Welcome to MetroWest Community Acupuncture**

MetroWest Community Acupuncture (MWCA) is one of many community acupuncture clinics established 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 jump on board, learn more about the cooperative and to find POCA member clinics near you, visit [www.pocacoop.com](http://www.pocacoop.com).

### **We Have a Sliding Scale**

We offer treatments on a sliding scale of \$20 - \$40 with an additional one-time \$10 fee for the first appointment. You decide what you can afford. Our goal is for you to be able to find out how useful acupuncture can be for you. Acupuncture is most effective for current 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. Frequent treatment is much more likely to lead to relief. Your acupuncturist will suggest a course of treatment based on the intensity and duration of your health concern. Twice a week is usually the minimum needed to get some momentum moving ahead with a health issue – though more frequent visits are common for short periods of time if the problem is quite intense. If you don't come in often enough or for enough treatments, acupuncture may not work as well for you.

### **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 the therapeutic effect is enhanced in a community space. Most people learn after a few treatments when they feel 'done' or 'cooked'. This can take anywhere from 30 minutes to an hour. You are welcome to rest as long as you'd like, provided that no one is waiting for a chair.

The treatment room is meant to remain a quiet space for you and others to rest, sleep and experience healing. Its atmosphere exists through our patients relaxing together. We appreciate everyone's presence.. we find this kind of collective stillness a rare and valuable thing in our rushed and isolating society. Maintaining this 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.

### **Our Commitment to You**

Our clinic is welcoming to **all** different kinds of people. We aim to provide you with tools to take care of your own health in a safe environment with skilled practitioners. We want to listen to your advice and feedback about your experience and are eager to co-create the healing community. 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 Financial Policy

MWCA is a low cost, high volume community acupuncture clinic. Our fees are \$20-\$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 increase or decrease the amount you pay within the sliding scale. 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 the other patients who may be on a waitlist for appointments, we ask that you give us at least 24 hours notice in advance notice of a cancellation. There will be a \$20 fee charged for any appointment that is missed, rescheduled, or canceled with less than 24 hours notice. Please arrive a few minutes early for your appointment. If you know that you will be late, please call us at 508-381-0353 and let us know. Thanks for your cooperation in helping us to keep our fees as low as possible. I agree to the above policy:

Print

name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*note that if patient is under 18 years old, a parent or guardian must sign.

## 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. Herbal and nutritional supplements may be recommended. These are safe in the prescribed doses. Large doses taken without the 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: \_\_\_\_\_

\*note that if patient is under 18 years old, a parent or guardian must sign.

**MetroWest Community Acupuncture New Patient Intake Form**

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: \_\_\_\_\_  
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Acupuncturist signature & date: \_\_\_\_\_

