Mira Choi Tyson
Licensed Acupuncturist

New Patient Intake Form - Facial Rejuvenation Acupuncture

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: _____

Please describe your typical daily meals:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

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: _____

Liver / Gall Bladder

- ☐ Sigh often
- ☐ Feeling of lump in throat
- ☐ Depression
- ☐ Bitter taste in mouth
- ☐ Anger easily
- ☐ Dizziness / vertigo
- ☐ Irritability
- ☐ Stress
- ☐ Muscle twitching
- ☐ Muscle cramping
- ☐ High pitched ringing in ears
- ☐ Soft brittle nails
- ☐ Tingling / numbness of extremities
- ☐ Joint tightness / stiffness
- ☐ Headaches / migraines
- ☐ Visual problems
- ☐ Red eyes
- ☐ Dry / itching eyes
- ☐ Floaters in front of eyes
- ☐ Blurred vision
- ☐ Craving or avoiding sour foods

Heart

- ☐ Palpitations
- ☐ Anxiety
- ☐ Mental confusion
- ☐ Chest pain / tightness
- ☐ Frequent dreams
- ☐ Insomnia
- ☐ Forgetfulness
- ☐ Spontaneous sweating
- ☐ Restlessness / agitation
- ☐ Breathlessness
- ☐ Craving or avoiding bitter foods

Spleen / Stomach

- ☐ Poor appetite
- ☐ Excessive appetite
- ☐ Abrupt weight loss
- ☐ Abrupt weight gain
- ☐ Fatigue
- ☐ Easily bruised
- ☐ No thirst
- ☐ Loose stools
- ☐ Over thinking
- ☐ Worry often
- ☐ Hemorrhoids
- ☐ Bad breath
- ☐ Nausea / vomiting
- ☐ Gas / belching
- ☐ Bloating / pain
- ☐ Edema (swelling)
- ☐ Heartburn
- ☐ Acid regurgitation
- ☐ Ulcer
- ☐ Craving or avoiding sweets

Bowel Movement

- ☐ Regular bowel movement
- ☐ Constipation
- ☐ Diarrhea
- ☐ Mucus in stool
- ☐ Blood in stool
- ☐ Undigested food in stool

Lung

- ☐ Nasal discharge
- ☐ Sinus congestion
- ☐ Dry cough
- ☐ Cough with sputum

Lung

- ☐ Nose bleeds
- ☐ Dry mouth
- ☐ Dry throat
- ☐ Dry nose
- ☐ Dry skin
- ☐ Skin rashes
- ☐ Itchy skin
- ☐ Alternating chills and fever
- ☐ Easily catch colds or flu
- ☐ Sore throat
- ☐ Difficulty breathing
- ☐ Shortness of breath
- ☐ Sadness
- ☐ Craving or avoiding spicy foods

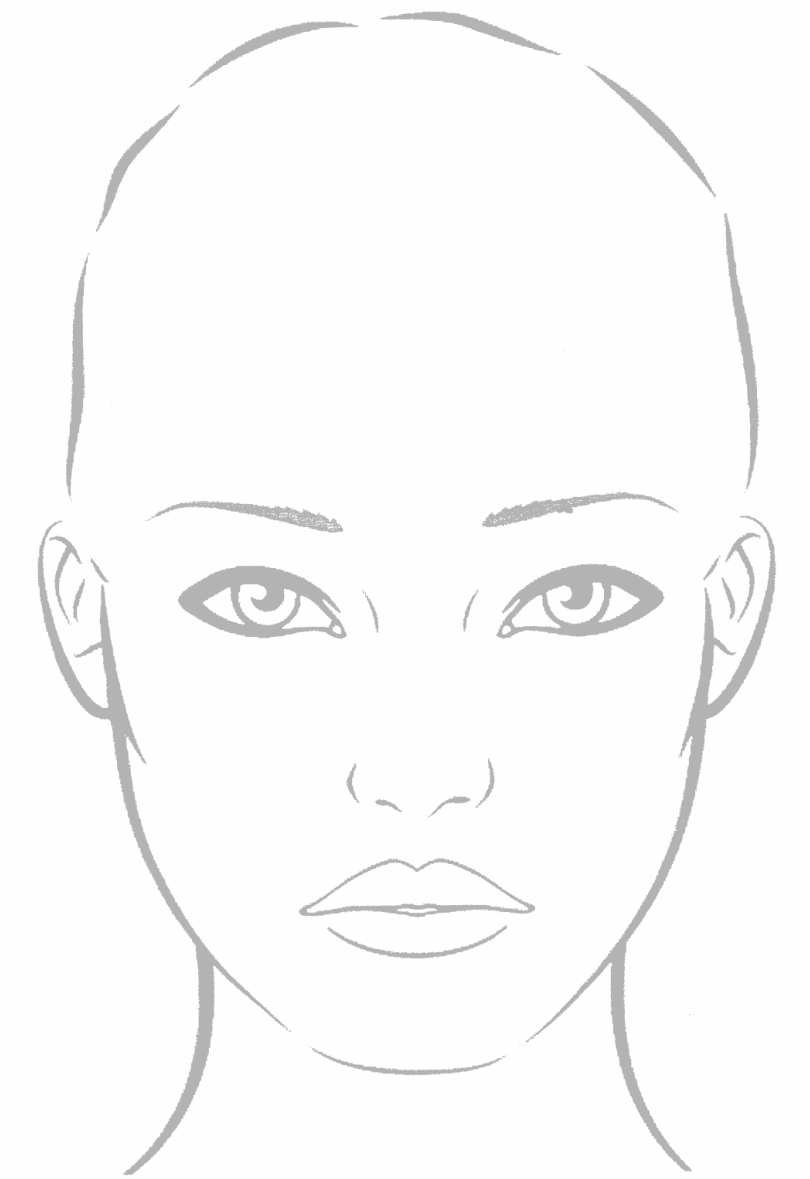
Kidney / Urinary Bladder

- ☐ Weakness / pain in lower back
- ☐ Aching bones
- ☐ Feel cold easily / cold limbs
- ☐ Frequent urination
- ☐ Wake during night to urinate
- ☐ Incontinence
- ☐ Other urinary problems
- ☐ Night sweat
- ☐ Low sexual energy
- ☐ Excess sexual desire
- ☐ Low pitched ringing in ears
- ☐ Poor memory
- ☐ Early graying of hair
- ☐ Hair loss
- ☐ Hearing problems
- ☐ Fearful
- ☐ Easily startled
- ☐ Craving or avoiding salty foods

Questions for New Facial Rejuvenation Patients

- [ ] Biggest concern?
- [ ] Other areas to concentrate on?
- [ ] Do you bruise easily?
- [ ] Acne?
- [ ] Red or pale face?
- [ ] Facial puffiness?
- [ ] Allergies?
- [ ] Sensitive skin?
- [ ] Previous surgeries on face?
- [ ] Botox / fillers / microderm / laser?
- [ ] Concerned about pore size?

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 TRADITIONAL ACUPUNCTURE FACIAL REJUVENATION

INSTRUCTION – This is an informed consent document that has been prepared to help your acupuncturist inform you concerning facial rejuvenation acupuncture 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 facial acupuncture treatments as proposed by your acupuncturist.

INTRODUCTION – A facial acupuncture treatment involves the insertion of acupuncture needles into fine lines and wrinkles on the face and neck in order to reduce the visible signs of aging. In Oriental medicine, the meridians or pathways of Qi (energy) flow throughout the entire body from the soles of the feet up to the face and head; consequently, a facial acupuncture treatment addresses the entire body constitutionally, and is not merely "cosmetic." A facial treatment involves the patient in an organic, gradual process, which is customized for each individual. It is no way analogous to, or a substitute for, a surgical "face lift." A treatment session may confine itself solely to facial acupuncture, or it may be used in conjunction with other procedures.

BENEFITS – Facial acupuncture can increase facial tone, decrease puffiness around the eyes, as well as bring more firmness to sagging skin, enhance the radiance of the complexion, and flesh out sunken areas. Customarily, fine wrinkles will disappear, and deeper ones will be reduced. This treatment is not merely confined to the face but incorporates the entire body and constitutional issues of health.

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.

RISKS OF FACIAL ACUPUNCTURE – Every procedure involves a certain amount of risk and it is important that you understand the risks involved with a facial acupuncture treatment. An individual's choice to undergo a facial acupuncture treatment is based upon comparison of the risks to potential benefits. Although the majority of patients do not experience the following complications, you should discuss each of them with your acupuncturist to make sure you understand the risks, potential complications, and consequences of a facial acupuncture treatment.

- **BLEEDING** – It is possible, though very unusual, that you may have problems with bleeding during a facial acupuncture treatment. Should post-acupuncture bleeding occur, it will usually only consist of a few drops. Accumulations of blood under the skin may cause a bruise, or hematoma, which will resolve itself over time.
- **INFECTION** – Infection is very unusual after a facial acupuncture treatment. Should an infection occur, however, additional treatment, including antibiotics, may be necessary.
- **DAMAGE TO DEEPER STRUCTURES** – Deeper structures such as blood vessels and muscles are rarely damaged during the course of a facial acupuncture treatment. If this does occur, the injury may be temporary or permanent.
- **ASYMMETRY** – The human face is normally asymmetrical. Thus, there can be a variation from one side to the other in the results attained from a facial acupuncture treatment.
- **BRUISING AND PUFFINESS** – There is a possibility of bruising (hematomas), puffiness, bleeding, tingling, itching, warmth, pain, or other symptoms at the site of the needle.
- **NERVE INJURY** – Injuries to the motor or sensory nerves rarely result from facial acupuncture treatments. Nerve injuries may improve over time. Injury to sensory nerves of the face, neck, and ear regions may cause temporary or more rarely permanent numbness. Painful nerve scarring is very rare.
- **NEEDLE SHOCK** – Needle shock is a rare complication after a facial acupuncture treatment.
- **UNSATISFACORY RESULT** – There is the possibility of a poor result from a facial acupuncture treatment. You may be disappointed with the results.
- **ALLERGIC REACTIONS** – In rare cases, local allergies to topical preparations have been reported. Systemic reactions which are more serious may occur to herbs used during facial acupuncture. Allergic reactions may require additional treatment.
- **DELAYED HEALING** – Delayed wound healing or wound disruption are rare complications experienced by patients in the aftermath of a facial acupuncture treatment. There is a greater risk for smokers, who frequently have dry, sagging skin, which does not heal as readily as that of non-smokers.
- **LONG TERM EFFECTS** – Subsequent alterations in facial appearance may occur as the result of the normal process of aging, weight loss or gain, sun exposure, or other circumstances not related to a facial acupuncture treatment. Facial acupuncture treatment does not arrest the aging process or produce permanent tightening of the face and neck. Future facial acupuncture maintenance treatments, or other treatments, may be necessary to maintain the results of a series of facial acupuncture treatments.

HEALTH INSURANCE – Most health insurance companies exclude coverage for facial acupuncture treatments and/or complications that might occur from facial acupuncture 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 facial acupuncture treatments. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with facial acupuncture 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 Traditional Acupuncture Facial Rejuvenation consists of an initial consultation and 12-20 treatments administered once or twice weekly. Each follow-up treatment takes about 90 minutes. It is highly recommended that time between treatments not exceed seven days. After the initial full course of treatments, maintenance treatments, if desired, may be scheduled every 4-6 weeks or as needed to protect your physical and financial investment.

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

☐ High blood pressure	☐ Bleeding or bruising problems	☐ Severe Migraine headaches
☐ Parkinson's disease	☐ Diabetes mellitus	☐ Cancer
☐ AIDS	☐ Hepatitis	☐ Vertigo
☐ Hemophilia	☐ Herpes outbreak	☐ Any skin diseases
☐ Pregnancy	☐ Cold or flu	☐ Extreme stress or tension
☐ Allergic reactions	☐ Botox treatments	☐ Recent Microdermabrasion
☐ Recent laser treatments	☐ Dermal filler (Restylane, Juvederm, Radiesse, etc.)	

FINANCIAL RESPONSIBILITES – The cost of facial acupuncture involves several charges for the services provided. The total includes fees charged by Mira Tyson, as well as the cost of acupuncture supplies and topical preparations. The initial consultation is $50. Each subsequent treatment of approximately 90 minutes is $175. 12-20 treatments are recommended depending on the condition of your skin. If the cost of your facial acupuncture 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 $75 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 facial rejuvenation acupuncture 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 facial rejuvenation acupuncture and other procedures, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of facial rejuvenation acupuncture 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**

AAC-FED **A2004**