

Tyler VanGemert Acupuncture  
1315 Main Ave 209 Durango, CO 81301  
MountainMedicineAcupuncture.com  
970.247.1233



Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Address \_\_\_\_\_

Referred By \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Purpose for seeking treatment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please List All Medications, Vitamins, and Herbal Supplements you are currently taking \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate any signs/symptoms that you may have:

High Blood Pressure \_\_\_\_\_ Low Blood Pressure \_\_\_\_\_ Diabetes \_\_\_\_\_ HIV/AIDS \_\_\_\_\_

Hepatitis B \_\_\_\_\_ Hepatitis C \_\_\_\_\_ Pregnant \_\_\_\_\_ Covid-19 \_\_\_\_\_

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**ACUPUNCTURE CLINIC DISCLOSURE STATEMENT & INFORMED CONSENT**

This disclosure statement is in compliance with the State of Colorado, Department of Regulatory Agencies, Colorado Statute Title 12 Article 29.5. All rules and regulations set forth by the Department of Health are strictly adhered to, including proper cleaning, sterilization, and sanitation of equipment and office. The practice of acupuncture is regulated by the Department of Regulatory Agencies. Inquiries should be made to: Director of Registrations, Acupuncturists Licensure, 1560 Broadway, Suite 1350, Denver, CO 80202, (303)894-7800. Patients are entitled to receive information about the methods of therapy, techniques used, and the duration of therapy, if known. Patients may seek a second opinion and may terminate therapy at any time. In a professional relationship, sexual intimacy is never appropriate and should be reported to the Director of the Division of Registrations in the Department of Regulatory Agencies.

**Clinic Prices** : Initial Intake Consultation/Treatment : \$75, Follow-up to Initial Consult : \$65, Any Additional Visit/Phone Consult : \$55. Group Acupuncture Treatment : \$25. This does not include the cost of herbs. Herbs average \$25 - \$70 for a daily/weekly/monthly supply. The provider uses only the highest quality herbs available that are authenticated for species and are grown without pesticides or herbicides or are organic or wild-harvested. The formulas follow FDA guidelines as herbal / food supplements.

**Insurance**: Upon request, a Super bill receipt is available for you to submit to your insurance company for reimbursement.

**Cancellation Policy** : Our office has a 24 hour cancellation policy. Please inform our office of any need to cancel or rescheduled your appointment 24 hours in advance.

**Practitioner Education, Certification, and Experience**

Tyler VanGemert is a Licensed Acupuncturist, Colorado License #1400. He is certified by the NCCAOM in Oriental Medicine. Tyler is a graduate of Emperor's College of Traditional Oriental Medicine. He has had training in Taoist Acupuncture, Tai Chi, and meditation. No license, certificate, or registration in Acupuncture has been suspended or revoked.

**Informed Consent**

I hereby request and consent to the performance of acupuncture procedures. I have been informed that acupuncture is a safe method of treatment, but that it may have side effects including discomfort, pain, dizziness, bruising, or numbness at site of procedure. Unusual and rare risks of acupuncture include nerve damage, organ puncture including lung puncture, infection, and spontaneous miscarriage. Other side effects and risks may occur. If I suspect that I am pregnant, I will immediately inform the acupuncturist.

I have discussed the nature and purpose of my treatment with the acupuncturist(s) named above. I understand that there are no guarantees regarding cure or improvement of my condition. I understand that there may be limitations to the care provided and that in my best interest I may be referred to another acupuncture practitioner or other healthcare provider who may be more qualified to treat me outside of these facilities. I do not expect the acupuncturist to be able to anticipate and explain all possible risks and complications, and I permit the acupuncturist to determine and/or alter the course of treatment which the acupuncturist judges to be in my best interests based upon the facts then known. I understand that I have the choice to accept or reject treatment at any time. I have read or have had read to me the above consent. I have also had the opportunity to ask questions about its content, and by signing below I agree to all terms and conditions stipulated by this document. I intend this form to cover the entire course of treatment for my condition and for any future condition(s) for which I seek treatment.

\_\_\_\_\_  
Signature of Patient or Person authorized to consent

\_\_\_\_\_  
Relationship or Authority of Representative

\_\_\_\_\_  
Date

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## ACUPUNCTURE & FUNCTIONAL MEDICINE

**Welcome to Tyler VanGemert Acupuncture and herbal remedies. We are grateful that you have joined our wellness team for your continued healthcare success. Please read the following information and ask the front desk if you have any questions. We are excited for this journey of wellbeing together!**

### **New Patients**

#### First Appointment

Your first consultation will be approximately 45 minutes \$75.00.

During this time Tyler VanGemert LAc will address your specific health concerns.

### **Functional Natural Medicine Prices**

New Patient consultation: \$75.00

Follow – up Appointments: \$55.00

Multiple Session Discount: \$250.00 (5 Visits)

- ∞ Methods of donation are: Cash, check or money order, Visa, MasterCard, or Discover.
- ∞ All consultations are timed from the time the appointment begins; you will only be billed for the actual time used.
- ∞ A credit card number may be stored on file for any patients using phone consultation services.

### **Telemedicine**

∞ Telemedicine services are optional. Patients can refuse telemedicine services at any time without affecting their right to future care or treatment and without risking the loss or withdrawal of any program benefits. Services provided include; herbal preparations and guidance (including topical, internal, and steam inhalation preparations), food therapy/home remedy therapy guidance, meditation and breathing exercise instruction, and self massage/acupressure/cupping/scraping instruction and guidance.

∞ HIPAA privacy practices will be observed and your provider will attend these online visits in a private room. Your information is completely confidential. Patients may request access to all their medical records to the fullest extent of the law.

∞ Payment is expected at the time of service and can be made by providing a credit card number over the online session or by using Paypal/Venmo payment services.

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### Appointments

- ⌘ We encourage you to book your appointments 2 weeks in advance.
- ⌘ As a courtesy to you, our office can call you to confirm your appointment one day in advance. You may also receive a reminder via email. Please let us know your preference.

### Cancellations

- ⌘ If you are unable to keep your scheduled appointment, you must notify our office a minimum of 24 hours before your scheduled time.

### Returned Products

- ⌘ **PRE-APPROVAL is REQUIRED on ALL RETURNS!!**
- ⌘ **Refrigerated items CANNOT be returned**
- ⌘ No supplement returns will be accepted after 30 days on all regularly stocked items. Special orders CANNOT be returned!
- ⌘ Prepaid tests can be returned for credit within one year of purchase.

### Important Notes

- ⌘ Tyler VanGemert LAc is not a medical doctor; he does not service medical emergencies. **If you have a medical emergency, you must contact your primary care physician or dial 911!**
- ⌘ Please contact the office if you are not clear on any of our policies or procedures.

I \_\_\_\_\_ have read, understood, and agree to the above Policies and Procedures.

*(please print name)*

Date \_\_\_\_\_ Sign \_\_\_\_\_

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*Please complete this form if you would like us to share information about your progress with another person.*

**Authorization to Release Medical Information**

To: \_\_\_\_\_ Tyler VanGemert LAc \_\_\_\_\_

Address: \_\_\_\_\_ 1315 Main Ave, Ste 209, Durago, CO 81301 \_\_\_\_\_

I, \_\_\_\_\_ request the following information:

- Test results    History                       Records                       Diagnosis  
 Treatment                       Reports                       Progress  
concerning my:    Accident                       Injury                       Illness  
 Other \_\_\_\_\_

To be released to: \_\_\_\_\_

(Name of Practitioner, Doctor, family member etc.)

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

For the purpose of: \_\_\_\_\_

(Specify) \_\_\_\_\_

According to Section 1795 of the California Health and Safety Code, these records must be provided within 15 days of receipt o this notice.

Signed: \_\_\_\_\_

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

- Patient                       Spouse                       Parent                       Guardian