UNION CENTER FOR HEALING

Union Center For Healing Integral, PLLC
Evolutionary Medicine for the Individual and Community

Welcome to Union Center For Healing

Please take your time to fill out the paperwork and read each section carefully so you understand what we do and how we do it.

We will happily answer any questions you have before or during your appointment.

This packet includes:

Cosmetic Acupuncture Health Intake Questionnaire

Scope of Practice & Consent for Treatment

HIPAA Privacy Practices Acknowledgement Form
(The complete document can be found on our website or at our office)

Communication Consent

Late Cancellation & Missed Appointment Fee

Service Fees and Payment Options

Forms for you to keep:

Your First Visit

A Little bit about East Asian Medicine Practices

Parking And Directions

COSMETIC ACUPUNCTURE HEALTH INTAKE FORM

Please take the time to fill out this questionnaire carefully. The information you provide will assist me in formulating a complete health profile for you. All answers are confidential.

Date: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Is it ok to contact you via email? Yes: _____ No:_____ Email: _____

Home Phone: _____ Work: _____ Cell: _____

Gender: _____ Marital Status: _____ Occupation: _____

Referred By: _____ Emergency contact & phone#_____

Primary Care Physician: _____ Phone #: _____

Are you currently/within the last year been under the care of your Primary Care Dr.?

What conditions? _____

Describe your main skin concerns and goals and use the picture below to draw areas of concern.

_____
_____
_____
_____
_____
_____
_____

What makes your skin condition better? _____

What makes your skin condition worse? _____

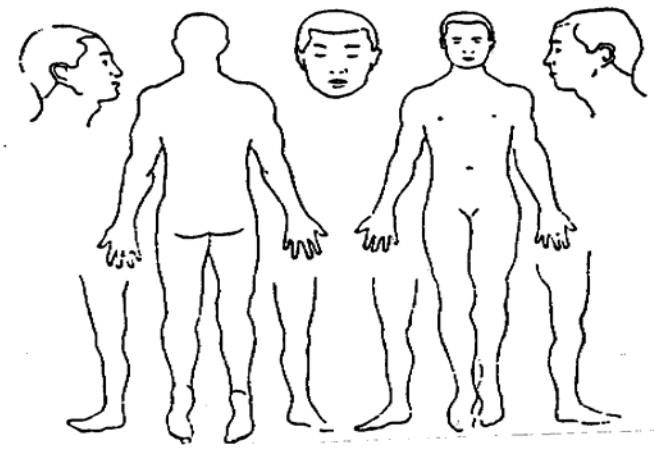
List any other medical diagnoses or concerns:

_____

Trauma (emotional, physical), Surgeries, accidents, injuries, chronic illness: (please include date).

_____

Note areas of concern, scars or areas of recent or past trauma.



We use essential oils in our treatments and suggest dietary considerations. Please notify us of the following:

Allergies/Intolerances: (Nuts, oils, food, chemical, environmental, drugs, etc.)_____

Medications: (names & dosages) Please attach an additional page if necessary._____

Vitamins/Supplements/Herbs: _____

Exercise

Days per week Length of workout Type of Activity

Diet

Meals per day Snacks Caffeinated Drinks Alcohol/week

	A lot	Some	A little	None
Veggies/fruit	☐	☐	☐	☐
Meat/seafood	☐	☐	☐	☐
Eggs/nuts/beans	☐	☐	☐	☐
Dairy	☐	☐	☐	☐
Whole grains	☐	☐	☐	☐
White flour carbs	☐	☐	☐	☐
Sugar	☐	☐	☐	☐
Fried foods	☐	☐	☐	☐

Personal History Please check any conditions you have now or have had in the past.

☐ **Migraine**	☐ **Bleeding Disorder**	☐ **Blood Thinning Medication**	☐ **Pregnancy**
☐ **Seizure**	☐ **Hypertension**	☐ **Herpes**	☐ **Concussion**
☐ **Oral Herpes**	☐ **Vertigo or Dizziness**	☐ **Pituitary tumor/disorder**	☐ **Cancer**
☐ **AIDS/HIV**	☐ **Congestive Heart Failure**	☐ **Allergic Reactions**	

☐ **Arthritis**	☐ **Liver/Gall Bladder Disease**	☐ **Stroke**	☐ **Heart Disease**
☐ **Cancer**	☐ **Hypo/Hyperglycemia**	☐ **Kidney Disease**	☐ **Diverticulitis/IBS**
☐ **Ulcer**	☐ **Diabetes**	☐ **Allergies**	☐ **Multiple Sclerosis**
☐ **Chronic Fatigue**	☐ **Anemia**	☐ **Hepatitis**	☐ **Gastritis/Pancreatitis**
☐ **Alcoholism**	☐ **Asthma**	☐ **Thyroid Disorder**	☐ **Chronic Pain Condition**

Skin Questions, check all that are current or relevant.

Allergies To: □Cosmetics □Topical creams □Airborne Particles □Other Explain _____.

Medications within last 3 months: □Accutane □Birth Control Pills □ Hormones □ Vitamin A.

Current Beauty Routine: Cleanser _____ Toner _____ Moisturizer _____ Masks _____ Other _____.

Face: Past Facelift surgery □Yes □No □ Full □ Partial ? When _____ Satisfied □ Yes □ No.
Facials- Type _____How often _____.
□Microdermabrasion □Chemical Peels □Photolight rejuvenation □Retin-A □Renova □Botox □Collagen injections □ Fillers.

Skin: □ Wrinkles □ Fine lines □ Cracking □ Herpes □ Cold Sores □ Blemishes □ Acne □ Dryness □ Oily □ Herpes □ Rashes/Dermatitis □ Sagging □ Dullness □Eczema □Psoriasis □Dry Skin.

□Itching □Fungal Infections □Recent Moles □Warts □Discolorations □Flushing □ Age Spots.

Complexion: Sallow (yellow) complexion □Rosacea (Redness) □ Creamy-Burns never tans □ Light-Burns tans slightly □ Light/Med-Burns moderately tans gradually □Med-Seldom burns tans well □Brown-Rarely burns, deep tan □ Black-Never burns, deeply pigmented.

Eyes: □ Dark eye circles □ Puffy and swollen eye bags □ Puffy upper lids □ Wrinkles and □ Dry skin around eyes □ Stye.

Hair: □ Thinness □Dandruff □ Alopecia (baldness) □ Excess Facial Hair
□ Electrolysis treatments □Yes □No If so how often_____.

Family Medical History

F (father), M (mother), S (sister), B (brother), GM (grandmother), GF (grandfather)

☐Diabetes ___	☐Seizures ___	☐Heart Disease ___	☐Stroke ___
☐High Blood Pressure __	☐Allergies ___	☐Cancer ___	☐Asthma ___

Please take your time and **check** if you have had any of these items listed below in the last **year** or you feel they are a significant part of your medical history.

General

☐Poor Appetite	☐Poor Sleeping	☐Fatigue	☐Fevers
☐Chills	☐Night Sweats	☐Sweats Easily	☐Tremors
☐Cravings	☐Localized Weakness	☐Poor Balance	☐Change in appetite
☐Bleed/Bruise easily	☐Weight loss/gain	☐Peculiar tastes/smells	☐Dental/gum problems
☐Muscle weakness/fatigue	☐Sudden energy drop	☐Prefer Hot or Cold drink	☐Cold hands and feet

Head, Eyes, Ears, Nose, Throat

☐Dizziness	☐Difficulty swallowing	☐Migraines	☐Glasses
☐Eye Strain	☐Eye pain	☐Poor night vision	☐Night Blindness
☐Color Blindness	☐Cataracts	☐Blurred vision	☐Earaches
☐Ringing in ears	☐Poor hearing	☐Spots in front of eyes	☐Sinus problems
☐Nose bleeds	☐Recurrent sore throats/colds	☐Grinding teeth	☐Facial pain
☐Sores on lips/tongue	☐Dental problems	☐Jaw clicks/locks/TMJ	☐Headaches
	☐Dry mouth	☐Excess saliva	☐Head other_____

Cardiovascular

☐Chest pain or pressure	☐Irregular heart beat	☐Palpitations at rest	☐Fainting
☐Cold hands/feet	☐Swelling of hands/feet	☐Blood clots	☐Phlebitis
☐Shortness of breath	☐Varicose/spider veins	☐Pressure in chest	☐High blood pressure
☐Low blood pressure	☐Spontaneous sweating		

Respiratory

☐Cough/Wheezing ☐Coughing blood ☐Asthma ☐Bronchitis
☐Pneumonia ☐Pain with deep inhalation ☐Tight sensation in chest ☐Difficult inhale/exhale
☐Difficulty breathing when lying down ☐Excess Production of phlegm…Color_____

Gastrointestinal

Frequency of Bowel Movements_____

☐ Loose stools (>2 per day) ☐Dry ☐Soft ☐Mucous ☐Incomplete ☐Undigested Food
☐Nausea ☐Vomiting ☐Diarrhea ☐Constipation
☐Gas ☐Belching ☐Black stools ☐Blood in stool
☐Indigestion ☐Bad breath ☐Rectal pain ☐Hemorrhoids
☐Bloating ☐Chronic laxative use ☐Loose stools (>2 per day) ☐Abdominal pain/cramps
☐Changes in appetite ☐Acid reflux/GERD ☐Hernia ☐Poor appetite☐Excessive

☐Significant thirst ☐IBS/Crohn's Disease

Genito-Urinary

☐Pain on urination ☐Frequent urination ☐Blood in urine ☐Urgent urination
☐Unable to hold urine ☐Kidney stones ☐Scanty flow ☐Copious flow
☐Impotence ☐Sores on genitals ☐Urinary tract infection ☐Burning urination
☐Premature ejaculation ☐Decreased libido ☐Prostatitis ☐Dribbling after urination
☐Nocturnal emission ☐Pain in testicles ☐Herpes ☐Infections
☐Night urination… What time?_____ How often?_____ ☐Excessive libido

Gynecological/Reproductive

☐Difficult/Painful intercourse ☐Ovarian cysts ☐Age of first menses_____
☐Vaginal dryness ☐Endometriosis ☐Date of last menses_____
☐Vaginal sores ☐Uterine Fibroids ☐Date of last PAP/Pelvic_____
☐Vaginal discharge ☐Fibrocystic breast tissue ☐Number of pregnancies____
☐Infertility ☐Polycystic Ovarian Disease ☐Number of ectopic pregnancies_____
☐Irregular menstruation ☐PMS ☐Number of live births_____
☐Painful menstruation ☐Number of miscarriages_____

Type of birth control?_____ How long?_____

Musculoskeletal

☐Neck pain ☐Shoulder pain ☐Hand/wrist pain ☐Carpal Tunnel
☐Knee pain ☐Sprains/Strains ☐Sciatica ☐Foot/ankle pain
☐Hip pain ☐Muscle pain ☐Muscle weakness ☐Tendonitis
☐Back pain Low___ Middle___ Upper___ ☐Bursitis ☐Rotator Cuff

Neuropsychological

☐Seizures ☐Loss of balance ☐Vertigo/Dizziness ☐Areas of numbness
☐Anxiety/Panic attacks ☐Bad temper ☐Easily susceptible to stress ☐Seasonal Affective Disorder
☐Nervousness ☐ADD/ADHD ☐Manic Depression ☐Irritable
☐Numbness ☐Tics

Have you ever been treated for emotional problems? _____, Substance Abuse? _____, Suicide? _____

Qualifications, Scope of Practice & Treatment Consent Form

WA state law requires the East Asian medicine practitioners to inform the public of the practitioners' scope of practice and qualifications. (18.06.130 RCW) The practitioner must give it to each patient in writing prior to or at the time of the initial patient visit. (246-803-300 WAC).

Our **Qualifications** include the following education and license information:
Roxane Geller: 2001, EAMP, Bastyr University. License: AC 1869
Victoria Summerquist: 2001, EAMP, Bastyr University. License: AC 0798
Kate Chilson: 2003, EAMP Northwest Institute of Oriental Medicine. License: AC 2310
Samara White, EAMP, Seattle Institute of Oriental Medicine. License AC 60503724
Robin Anderson EAMP: 2015, American College of TCM. License AC 60707201

The **scope of practice** for an East Asian medicine practitioner in the state of Washington includes the following: (a) Acupuncture, including the use of acupuncture needles or lancets to directly or indirectly stimulate acupuncture points and meridians; (b) of electrical, mechanical, or magnetic devices to stimulate acupuncture points and meridians; (c) Moxibustion; (d) Acupressure; (e) Cupping; (f) Dermal friction technique; (g) Infra-red; (h) Sonopuncture; i) Laserpuncture; j) Point injection therapy (aquapuncture); and (k) Dietary advice and health education based on East Asian medical theory, including the recommendation and sale of herbs, vitamins, minerals, and dietary and nutritional supplements; (l) Breathing, relaxation, and East Asian exercise techniques; (m) Qi gong; (n) East Asian massage and Tui na, which is a method of East Asian bodywork, characterized by the kneading, pressing, rolling, shaking, and stretching of the body and does not include spinal manipulation; and (o) Superficial heat and cold therapies.

Consent for Cosmetic Acupuncture at Union Center For Healing

Please read this document carefully and completely, initial where requested to indicate you have read the material, have been informed of the expectations, risks, have had any questions answered, and consent to treatment.

The patient must inform the East Asian medicine practitioner if the patient has any seizure disorder, uncontrolled hypertension, on blood thinning medications or has a severe bleeding disorder, or is pregnant. All of these conditions are contraindicated for this treatment. Please notify your provider if you have a pacemaker, oral herpes or migraines that we may modify the treatment. Acupuncture near or on the head can cause a migraine or exacerbate neurological conditions.

Potential Benefits of cosmetic acupuncture include:
Improved skin tone
Improved muscle tone
Diminished or elimination of fine lines
Decreased eye puffiness
Lift in saggy areas.

Potential risks include, but not limited to, temporary pain, bruising, swelling, bleeding, numbness and tingling, and soreness at the needling site that may last a few days. Unusual risks of acupuncture include broken needle, dizziness, fainting or nerve pain or damage. Infection is possible, although the clinic uses alcohol and sterile disposable needles and maintains a safe and clean environment. Most patients do not experience complications. The most common side effects of cosmetic acupuncture are occasional bleeding or bruising and asymmetry of results.

Potential risks of moxibustion health therapy are burns, blistering, or scarring.

Potential risks of cupping and gua sha, or spooning bruising, redness, or blistering, lasting a few days. I fully understand that there is no implied or stated guarantee of success or effectiveness of a specific treatment or series of treatments.

Results and Long Term Effects
Results are not guaranteed. This is not a surgical procedure and changes in facial appearance may occur due to aging or other factors like sun exposure, stress, illness, etc. Lifestyle may positively or negatively impact the longevity of the treatment. We will provide dietary and lifestyle considerations

that may positively impact overall health, health of the skin, and longevity of the treatments. Cosmetic acupuncture can have lasting effects but maintenance may be required to maintain the results.

Smokers or people with excessive sun damage to their skin, or people who drink excessively may need more than 10 treatments to get optimal results.

Pregnancy: I will notify the acupuncturist should I become **pregnant** or if I am in the process of trying to get pregnant so that my practitioner can avoid points and herbs that could induce miscarriage. I understand that herbal and nutritional supplements recommended to me by my acupuncturist are safe in the recommended doses. Large doses of herbs taken without my practitioner's recommendation may be toxic, and some herbs are inappropriate during pregnancy. Some possible side effects of herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives and tingling of the tongue. I understand that I must stop taking any herbs and notify my acupuncturist as soon as I experience any discomfort or adverse reactions.

I understand that my acupuncturist may review my medical records and lab reports, but all my records will be kept confidential. If it becomes necessary to share my health information, this will be handled in accordance with the stipulations detailed in the Notice of Privacy Practices document that has been provided to me, and of which I have acknowledged receipt.

I have been informed that I have a right to refuse any form of treatment. I have read, or have had read to me the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above-named procedures. I also understand there is always a possibility of an unexpected complication and I understand that no guarantee can be made concerning the results of treatment. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment. _____**(initial)**

Printed Name_____Signature _____ Date_____

(Of patient, parent or representative)

HIPAA Privacy Practices Acknowledgement Form
Please ask for a physical copy if you need one.

Due to new HIPAA compliance statutes, we as a healthcare provider are required to provide you with a Notice of Privacy Practices that describes your rights as a patient and must document that every patient or client has read and received it. The form is found on our website and is available at our center for you to read and take home with you. By Signing below, I acknowledge the receipt of the Notice of Privacy Practices at Union Center For Healing Integral, PLLC.

Printed Name_____Signature _____ Date_____

(Of patient, parent or representative)

Communication Consent

We are required (UCFH and the individual provider) to have your consent to communicate via Email, Fullslate (online scheduling) and Text. At this time the emails, text and Fullslate are not encrypted. We are able to communicate with you by each of these forms but need your consent to do so. If you have sensitive health care information you wish to share through email, contact your provider first so we can send an encrypted message.

I consent to communicate by phone, email, text, and Fullslate: Yes _____ No _____

Late Cancellation & Missed Appointment Agreement

Please provide 24 hours advance notice of any changes or cancellations unless due to illness or injury. **Our fee for appointments that are missed/rescheduled/cancelled with less than 24 hours notice is $40 for Acupuncture and $50 for Facial Rejuvination and all Massage Services.**

Signature: _____ Date:_____

Insurance

Most insurance plans do not cover Cosmetic Acupuncture as it is not a pain related condition. You may contact your individual plan if you have questions about coverage.

Service Fees and Payment

Payments are made at the time of service.
First Cosmetic Acupuncture (90 Minutes) $140
Return Cosmetic Acupuncture $120
Packages
Packages are refundable at the individual rate.

Your First Visit

Patient Handout to Keep

Your first visit will last approximately 120 minutes. We will discuss, in detail, your concerns and goals great and small. Since Chinese medicine is a holistic practice, we will ask detailed questions about your skin but also ask general questions about your overall health and well being. After we discuss your concerns, we will feel your pulse, look at your tongue, and perhaps palpate on your abdomen. The pulse, in Chinese medicine, helps tell us about the energy flow in your body. Your provider will discuss your health from a Chinese medicine perspective. The treatment will include cosmetic and constitutional acupuncture (acupuncture on the face and body), some acupressure massage, use of essential oils. Other therapies include electro acupuncture, cupping, or moxibustion, in addition to the acupuncture.

Please be sure that you are not hungry when you come in. Try to eat 1-2 hours before receiving acupuncture. If you can, wear loose, comfortable clothing.

If you have any questions or concerns please just let us know. Acupuncture is generally very relaxing and gives you a feeling a calm. Enjoy!

A Little Bit About East Asian Medicine

Chinese medicine, now referred to as East Asian Medicine, is an ancient healing art that has been practiced in China for over 2,500 years. Chinese medicine includes acupuncture, moxibustion, Chinese herbal therapy, dietary recommendations, tui-na (massage), cupping, and lifestyle counseling. Acupuncture is the insertion of fine needles into an acupuncture point along an energetic pathway on the body. The function of acupuncture is to regulate and balance the flow of vital energy (Qi) and blood in the body to harmonize the physical, emotional, mental and spiritual health of an individual.

A practitioner of Chinese medicine diagnoses by examining the relative harmony within the body, mind and spirit. Diagnosis is made by examining how the organs are working on its own and relative to one another. Chinese medicine has evolved from its inception thousands of years ago prior to the modern invention of microscopes and the discovery of cells or the understanding of anatomical structure and physiological processes. Its theories are based on observations in nature and the cycles of life. The practitioner discusses signs and symptoms with the patient, areas of excess and deficiency in the organ system, looks for areas of heat and cold, and evaluates the body fluids.

In modern terms, acupuncture has been shown to stimulate our body's own healing system. Many modern health concerns such as chronic pain, chronic immune dysfunction, endocrine dysfunction and pain may be caused by the breakdown of the body's ability to function. This may happen through poor lifestyle choices, environmental factors, stress, and infection. Acupuncture has been shown to stimulate the body's own healing system to help fight the imbalance. For example, acupuncture stimulates the nervous system which in turn stimulates areas of the brain, spinal cord and muscles to mitigate the pain pathway, the release of hormones or other chemicals in the body to promote healing and balance.

The World Health Organization recognizes over 40 conditions where acupuncture is considered an appropriate treatment. Chinese medicine can strengthen the immune system, increase circulation, regulate hormones, increase energy and reduce stress.

Components of Chinese medicine:

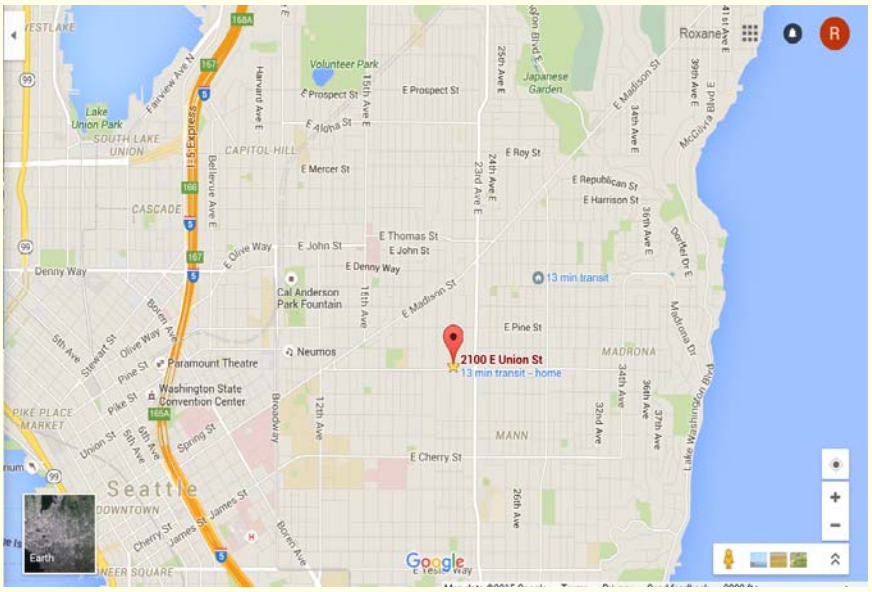
- Treating the body, mind and spirit as one, treating the whole individual.
- Treating the root cause of the disease to stimulate the body's own natural healing systems.
- Promoting the maximum potential for health and well-being of the individual through lifestyle counseling and planning.

Training and Licensure:

Acupuncturists in California have been licensed since 1976. Standards of practice are governed by the NCCAOM. In Washington State, practitioners earn a Master's degree with over 3,000 hours of training.

Map and Parking

Union Center For Healing
2100 East Union Street
Seattle, Washington 98122



For written directions and tips on getting here and avoiding downtown, please see our website:

http://unioncenterforhealing.com/yourfirstvisit/directions.html

We have plenty of off street parking right in front!