



New Patient Packet

Please bring with you to your first appointment.

Welcome to Hollywood Community Acupuncture!

Gentle, Effective, Affordable Health Care – for All of Us!

Located in the Heart of Hollywood:

1535 NE 41st Avenue, Portland, Oregon 97232

(Between NE Halsey & Broadway; across the street from Trader Joe's)

Online Scheduling:

HollywoodCommunityAcupuncture.com

(Click red "Book Now!" button)

Information & Appointments:

Call **503-282-9777** during clinic hours, or leave a voice message.

Email:

HollywoodCommAcupuncture@gmail.com

Sliding Scale:

\$15 - \$40 per treatment in a comfortable group setting.

Plus, \$15 Initial Intake fee for New Patients on first visit only.

Visit our website for more detail:

HollywoodCommunityAcupuncture.com

Welcome to our community!

Thank you for scheduling your New Patient appointment with us. We look forward to meeting you and becoming your partner in health care.

In this New Patient Packet, you will find:

- **Welcome Letter from HCA**
- **Patient Health History & Contact Information form**
- **Location Map** with parking suggestions

Please, complete the Health History form and bring it with you to your first appointment and arrive 15 minutes early.

A few things to know before your first appointment:

Please allow 90 minutes for your first visit: Plan to be at the clinic for about 90 minutes. This allows time to complete and process your paperwork, review your health issues with the acupuncturist, and get a treatment. Follow-up appointments for returning patients are generally 30-60 minutes.

Arriving on time: We realize your time is valuable and we want you to get the most out of each visit. Therefore, we ask that you arrive at least 5 minutes before your appointments. If you arrive late and other patients are waiting, you may need to reschedule. (A \$15 missed appointment fee may also apply.)

Payments: You will pay \$15 to \$40 (you decide) when you sign in at the front desk. There is an additional \$15 Initial Intake fee on your first visit only. We take cash, check, and 4 major credit cards.

Insurance billing: We do not process insurance claims. However, upon request, we will gladly issue a receipt that you can submit to your insurer.

What to wear: Wear loose, comfortable clothing with sleeves you can roll up to the elbows and pants you can pull up to the knees. You'll need to remove your shoes and stockings, but nothing else.

Fragrance Free Zone: Many of our patients are sensitive to smells. Please avoid wearing any perfume, cologne, or scented lotions to your appointment. No strong-smelling food brought into the clinic, please.

Cell phones and other electronics: Out of consideration for others, and to get the most out of your own treatment, please completely turn OFF your cell phone, etc., before entering the treatment room.

Non-urgent scheduling & cancellations: To schedule or cancel an appointment (one, or more days in advance), you may use our online schedule system, or call during clinic hours.

Last-minute cancellations: We ask that you help us with a \$15 fee if you must cancel or reschedule an appointment with less than a 24-hour notice. Call us at 503-282-9777 as soon as possible, so we can offer your slot to someone else.

Walk-ins are welcome: We will fit you in, if we can – but that may not always be possible. Scheduling ahead assures you a space.

Parking: Parking can be a challenge at peak hours. Please allow extra time to get to your appointment if you are driving. Do not park in the Trader Joe's lot. We have a few spaces in the lot behind our clinic that you may use, if you cannot find street parking.

Client responsibility: Hollywood Community Acupuncture does not provide primary care medicine. Acupuncture is a wonderful *complement* to Western medicine, but it is not a substitute for it. If you think you have a serious, undiagnosed problem, you need to see a primary care physician (MD or ND).

Clinic responsibility: We at HCA whole-heartedly believe in the healing, compassionate properties of ancient Chinese medicine. And we believe everyone has a right to quality health care. Whatever your financial or social status, whatever your age, gender, sexual orientation, ethnicity, or belief system, we treat you with respect, and are honored to be a part of your health care community.

We look forward to meeting you!

Sincerely,

Jeanine
Office Manager

Hollywood Community Acupuncture

PATIENT INFORMATION

CONTACT INFORMATION

Date _____

Name _____

Age _____ Birth Date _____

Sex: F M Preferred Gender: F M

Address _____

City, State, Zip _____

Occupation _____

Employer _____

How did you hear about us? _____

Have you had acupuncture before? Yes No

Best contact phone _____

Email _____

Primary physician _____

Physician phone number _____

Another person we may contact, if needed:

Name _____

Relationship _____

Preferred Phone _____

HEALTH HISTORY

What are your primary reasons for coming in?

1. _____

2. _____

3. _____

How is your sleep? _____

How is your digestion? _____

Are you currently taking pain medication or blood thinners? (incl. aspirin) Yes No

Medications and food supplements you take: _____

List serious illnesses, traumas, accidents, surgeries:

List known allergies: _____

Date of last complete medical exam? _____

Symptoms you have experienced in the last year?

- Depression
- Difficulty focusing
- Dizziness
- Easily startled
- Excessive worry or fear
- Excessive anger or irritability
- Fatigue/tiredness
- Headaches
- Loss of sleep/poor sleep
- Loss or gain of weight
- Overwhelmed by life

Conditions you have (or have had):

- Allergies
- Anemia
- Arthritis
- Bleeding disorder
- Breast lump
- Cancer _____
- Diabetes
- Head trauma
- Hepatitis (type____)
- HIV/AIDS
- Migraines
- Heart condition
- Seizure
- Stroke

HEALTH HISTORY continued

Symptoms you have (or have had) in the last year:

MUSCLES/JOINTS/BONES

- Tremors Swollen joints Cramps

Pain, weakness, numbness in: (indicate side of body)

- | | |
|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Neck | <input type="checkbox"/> Shoulder |
| <input type="checkbox"/> Back | <input type="checkbox"/> Arm |
| <input type="checkbox"/> Hip | <input type="checkbox"/> Elbow |
| <input type="checkbox"/> Leg | <input type="checkbox"/> Wrist |
| <input type="checkbox"/> Knee | <input type="checkbox"/> Hand |
| <input type="checkbox"/> Ankle | <input type="checkbox"/> Other _____ |

EYES/EARS/NOSE/THROAT/RESPIRATORY

- | | |
|---|---|
| <input type="checkbox"/> Asthma/wheezing | <input type="checkbox"/> Earache |
| <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Loss of hearing |
| <input type="checkbox"/> Persistent cough | <input type="checkbox"/> Ringing in ears |
| <input type="checkbox"/> Hoarseness | <input type="checkbox"/> Eye pain |
| <input type="checkbox"/> Hay fever | <input type="checkbox"/> Blurred/failing vision |
| <input type="checkbox"/> Sinus problems | <input type="checkbox"/> Nose bleeds |
| <input type="checkbox"/> Frequent colds | <input type="checkbox"/> Gum trouble |
| <input type="checkbox"/> Enlarged glands | <input type="checkbox"/> Other _____ |

SKIN

- | | |
|--|--|
| <input type="checkbox"/> Boils | <input type="checkbox"/> Itchy |
| <input type="checkbox"/> Bruise easily | <input type="checkbox"/> Sore won't heal |
| <input type="checkbox"/> Dry | <input type="checkbox"/> Sweats |
| <input type="checkbox"/> Sensitive | <input type="checkbox"/> Other _____ |

GENITO/URINARY

- Bladder or urinary tract infection
 Blood/pus in urine
 Frequent urination
 Inability to control urine
 Kidney infection/stones
 Lowered libido
 Other _____

CARDIOVASCULAR

- | | |
|---|---|
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Hardening of arteries |
| <input type="checkbox"/> Pain over heart | <input type="checkbox"/> Previous heart attack |
| <input type="checkbox"/> Poor circulation | <input type="checkbox"/> Rapid/irregular heart beat |
| <input type="checkbox"/> Swelling of ankles | <input type="checkbox"/> High or low blood pressure |
| <input type="checkbox"/> Other _____ | |

GASTROINTESTINAL

- | | |
|--|---|
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Belching, gas, bloating |
| <input type="checkbox"/> Poor appetite | <input type="checkbox"/> Excessive hunger or thirst |
| <input type="checkbox"/> Indigestion | <input type="checkbox"/> Difficulty swallowing |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Pain over stomach |
| <input type="checkbox"/> Colon trouble | <input type="checkbox"/> Gall bladder trouble |
| <input type="checkbox"/> Hemorrhoids (piles) | <input type="checkbox"/> Other _____ |

MALE ISSUES

- | | |
|---|--|
| <input type="checkbox"/> Male infertility | <input type="checkbox"/> Erection difficulties |
| <input type="checkbox"/> Prostate trouble | <input type="checkbox"/> Other _____ |

FEMALE ISSUES

- Irregular cycle
 Bleeding between periods
 Scanty menstrual flow
 Excessive menstrual flow
 Clots in menses
 PMS Severe menstrual pain
 Menopausal symptoms
 Infertility
 Previous miscarriage

Could you be pregnant? Yes No

Please let us know if this changes.

If yes, how many weeks? _____

Due date _____

Physician/midwife _____

Phone number _____

The information on this form is correct to the best of my knowledge.

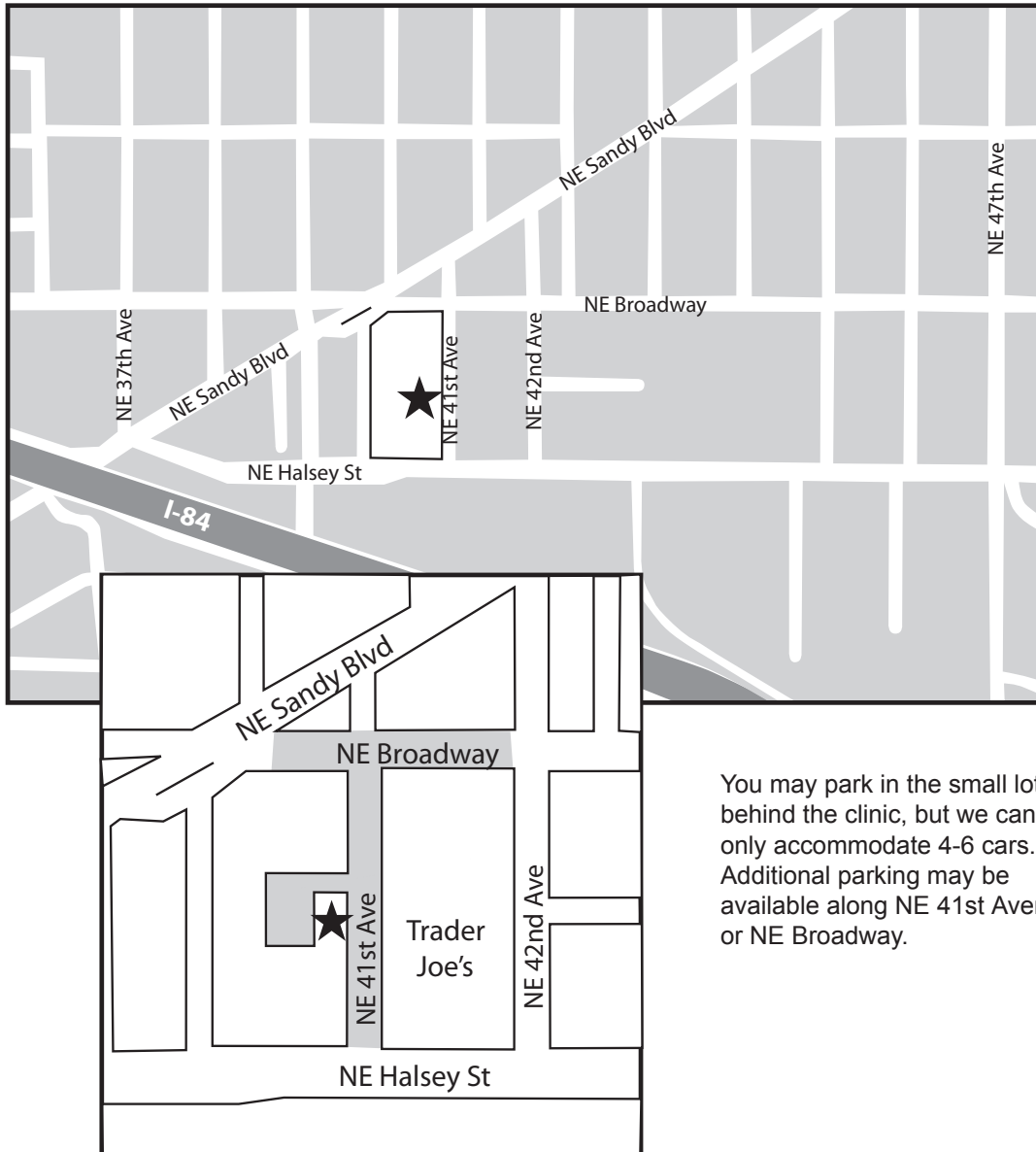
Signature _____ Date _____



HOLLYWOOD
Community Acupuncture

Hollywood Community Acupuncture Location and Parking Map

1535 NE 41st Avenue, Portland, OR 97232
503-282-9777 HollywoodCommunityAcupuncture.com



You may park in the small lot behind the clinic, but we can only accommodate 4-6 cars. Additional parking may be available along NE 41st Avenue or NE Broadway.

A word about parking:

Parking can be a challenge at peak hours. Please allow extra time to get to your appointment if you are driving. Remember, parking at the Trader Joe's lot carries huge financial risk. You could probably get a lifetime supply of acupuncture for the cost of one towing charge.