



Welcome! Thank you so much for your interest in acupuncture and Chinese medicine. We do our best in every way possible to assure that you receive the best quality care. In addition to attentive and compassionate care in the treatment room, you can also expect the following:

- Customer service that always meets the highest standards.
- Questions you have about your care are answered in a way that you can understand.
- Your emails are returned promptly on days the office is open.
- Your private health care information is kept secure and private.

Please avoid coffee, alcohol, and perfume/cologne or scented body products on the day of your treatment, and make sure to eat something before you come. Acupuncture on an empty stomach can cause dizziness in some people.

Enclosed you will find several forms that we would like you to fill out and bring with you to your first appointment. If you have any questions about these forms, please call us a call. We will be happy to help you.

Please visit our website at: www.acubuffalo.com for more information, and please do not hesitate to email the office if you have any questions or concerns. Again, welcome to our community. You have taken an important step on the road to more vibrant health!

Yours sincerely,

Ashlyn Pardee, L.Ac.

Ronald Pratt, L.Ac.

ashlyn@acubuffalo.com (716) 941-4325

ronald@acubuffalo.com (585) 210-0945

1109 Delaware Ave.

Front Entrance

Buffalo, NY 14209

www.acubuffalo.com

Directions our Office

From I-90 Mainline Thruway:

Regardless of direction of origin (either from the West, Erie PA, or from the east, Rochester NY) exit the I-90 at Exit 53 to the I-190 toward Downtown Buffalo/Canada. Travel on the I-190 for 5.3 miles and exit the I-190 at Exit 7 (Church Street). Proceed to the second stoplight intersection. Take the advanced left-turn arrow on to Delaware Avenue (Route 384 North). Follow Delaware Avenue (384 North) a little over two miles. You will pass Utica St. Our office will be on your right directly across from Highland St. (Please see **“Parking and Finding our Suite”** below)

From the Buffalo/Niagara International Airport:

Exit the airport on to Route 33 (Kensington Expressway), merge onto NY 198 West Scajaquada Expressway. Proceed to Delaware Avenue Southbound exit (Route 384 South). Proceed south on Delaware Avenue to West Ferry Street, about 1.2 miles. We on your left about 100 yards south of West Ferry directly across from Highland Street. (Please see **“Parking and Finding our Suite”** below)

From Niagara Falls:

Follow the I-190 South to the Scajaquada Expressway (Route 198 East). Follow 198 East to the Delaware Avenue Southbound exit (Route 384 South). Proceed south on Delaware Avenue to West Utica Street (about 1.2 miles). We on your left about 100 yards south of West Ferry directly across from Highland Street. (Please see **“Parking and Finding our Suite”** below)

Parking and Finding our Suite

If you are able to walk about half a block, there is on-street parking across from our office on Highland Street and on Lexington Street. Please make sure to read parking signs as the city actively tickets cars parked on the wrong side of the street.

We also have reserved a few parking spaces behind our building for you. These are first come first served. Street parking is also available across from our office on the side streets (see last paragraph). To find the reserved parking, **follow the brick driveway (right of the building) to our parking lot. You will see the parking spaces in the back that are labeled “Acupuncture Parking Only”.**

After you park, please enter using the front entrance (facing Delaware) at 1109 Delaware Ave. You will find our suite in the very rear of the first floor. When you arrive, **make yourself at home in the waiting room** to the right of our office door. We will come out to greet you as soon as possible. If you arrive early, we may still be in the treatment room with the last patient.

NOTICE OF PRIVACY PRACTICES

This notice summarizes how health data about you may be used and shared and how you can get access to this data. **IMPORTANT NOTE:** This does not include all of the details about our privacy policy. For more details, please read the NOTICE OF PRIVACY PRACTICES that your practitioner has provided you.

I. How we may use and share health data about you:

- a) Treatment - To give you medical treatment or other types of health services.
- b) Payment - To bill you or a third party for payment for services provided to you.
- c) Health Care Operations - For our own operations such as quality control, compliance monitoring, audit, etc.

II. Disclosures where we do not have to give you a chance to agree or object:

- a) To you
- b) As required by federal, state, or local law
- c) If child abuse or neglect is suspected
- d) Public health risks (for public health activities to prevent and control spread of disease)
- e) Lawsuits and disputes (in response to a court or administrative order)
- f) Law enforcement (to help law enforcement officials respond to criminal activities)
- g) Coroners, medical examiners and funeral directors
- h) Organ or tissue donation facilities if you are an organ donor
- i) To avert a threat to an individual or to public health safety

III. Disclosures where we have to give you a chance to agree or object:

- a) Patient directories - You can decide what health data, if any, you want to be listed in patient directories.
- b) Persons involved in your care or payment for your care - We may share your health data with a family member, a close friend, or other person that you have named as being involved with your health care.

IV. Other uses of health data: Other uses not covered by this notice or the laws that apply to us will be made only with your written consent.

V. You have the following rights relating to the health data we keep about you:

- a) Right to inspect your health record and to receive a copy of your health record upon request
- b) Right to amend information in your health record you believe is inaccurate or incomplete
- c) Right to know to whom we have disclosed your health information
- d) Right to ask for limits on the health information data we give out about you
- e) Right to receive communication from us about your health information in alternate ways
- f) Right to a paper copy of the complete Notice of Privacy Practices

Cancellation Policy:

If you cannot make your appointment, or you will be late...

We often have a waiting list of clients who would like to fill empty appointments. We need 24 hours notice in order to contact them and offer them your place. For that reason, we charge a fee for appointments that you cancel with less than 24 hours notice or if you are more than 10 minutes late. If we are able to fill your spot despite the late notice, you will not be charged.

***We require you to maintain a credit card on file that our system will automatically charge if you no show or cancel with less than 24 hours notice. If we are able to book your spot with someone on the waitlist, you will not be charged. Late cancellations/no shows will be charged according to the following schedule:**

First late cancellation/no show per calendar year..... No charge
Second late cancellation/no show per calendar year..... Half price of the missed appointment
Any other late cancellation/no show per calendar year.....Full price of the missed appointment

*If you are ever charged because of our error, please let us know. We will promptly reverse the charge.

Please sign and date this to acknowledge that you understand this policy and consent to securely storing a credit card on file that will auto debited according to the schedule above.

Patient's
Signature: _____ Date: _____

Patient Health History

Name:

Today's Date:

Birthdate:

Phone:

Email:

Physical Address:

Successful health care and preventative medicine are only possible when the practitioner has a complete understanding of the patient physically, mentally and emotionally. While we will get most of this information during our initial appointment, please complete this medical history and medication survey as thoroughly as possible. Please print all information and indicate areas of confusion with a question mark. Thank you.

Have you had acupuncture before? YES/NO How was your experience?

What are the main benefits that you hope to get from acupuncture?

How are your energy levels? Are there times when you have more energy than others? When? Are there times when you feel an energy crash? When?

How is your sleep? Do you have a regular bedtime and wake time? When? Do you wake up feeling rested?

Is there anything you want to make sure we discuss in your initial exam?

Family Health History:

Do/Did any of these illness occur in your parents or siblings?

Check all that apply:

Cancer Diabetes Heart Disease High Blood Pressure
 Stroke Mental Illness Asthma Hay fever/Hives
 Kidney Disease

Gastrointestinal:

Do you currently have or have you had a major incidence in the past? Check all that apply:

Belching Indigestion Ulcers Hernia Nausea
 Vomiting Bloating Gas Acid Reflux Hemorrhoids

Respiratory and Head

Do you smoke? YES/NO _____cigarettes/day for _____ years.

When is the last time you smoked cigarettes? _____

Would you like help quitting now or in the future? YES/NO Check all that apply:

Frequent Colds Asthma Bleeding Gums Cough Dry Mouth
 Ear Pain Migraine Ringing in Ears Sinusitis Excessive Phlegm

Cardiovascular:

Check all that apply:

Palpitations Varicose Veins Cold Hands/Feet Poor circulation Dizziness
 Chest Pain Irregular Heartbeat High Blood Pressure Low Blood Pressure
 Blood Clots

Skin and Hair:

Check all that apply:

Dry Skin Skin rashes Itching Acne Eczema Hair Loss

Elimination:

How many times a day do you urinate? _____ Light or Dark in color? _____ Pain during urination?
 YES/NO

Do you wake at night to urinate? YES/NO Do you have at least one bowel movement daily? YES/NO

Check all that apply:

Frequent Urination Incontinence Burning Urination Painful Urination
 Hard Stools Soft Stools Diarrhea Constipation

Gynecology:

Age Menses Began. _____ Days of menstrual flow. _____ Length of entire cycle from day 1 to day1. _____

Number of pregnancies _____, miscarriages _____, abortions _____ live births _____.

Date of last PAP. _____ Age at menopause. _____

Do you have any reason to believe you may be pregnant? YES/NO

If so, how far along are you?

Check all that apply:

emotional imbalance/PMS Cramps Stabbing Pain Clots
 Spotting between periods Tender breasts Heavy Bleeding