

Ni's Chinese Medical Center Patient Information Sheet

Important: Complete all information as thoroughly as possible. Please print clearly! **CONFIDENTIAL**

Date	Full Name			Nickname:	
Date of birth: ____/____/____	Age	Gender M F	Status: Single Married Widowed Minor Student		
Address		City	State	Zip	
Daytime Phone # (home, work, cell - circle one)			Alternate Phone # (home, work, cell - circle one)		
Emergency Contact & Relationship			Phone Numbers of Emergency Contact Primary () Alternate ()		
Height _____	Weight _____	Language spoken at home: _____			

Reason for visit today: (be specific but brief, ie. headache, back pain,...)

FEMALES: (Circle any that apply to your menstrual cycle)			
Last Period _____		Menstrual Pain	Low backache
Irregular	Painful breast	Heavy bleeding	Pregnant
Water retention	Clotting	Hot flashes	Mood changes

How did you hear about us?	Internet, Yellow Pages, Newspaper, Friend, Patient (Please give name)
Other:	Name internet site:

Cancellation/Missed Appointment Policy - I acknowledge that I will give at least 24 hours notice of cancellation to avoid a charge for the appointment. This is a courtesy to other patients who need that appointment time. I will call if I anticipate being more than 15 minutes late for my appointment. Initial _____

If you will be filing a claim with your health insurance, ask the Front Desk Receptionist to include diagnosis codes on your receipt. Services rendered are to the patient, not to the insurance company. The insurance company is responsible to the patient, the patient is responsible to Bo-Shih Ni, C.A., P.A. d/b/a Ni's Chinese Medical Center.

We provide 24 hour courtesy reminder calls for all upcoming patient appointments. We are asking permission to leave a message on an answering machine or with anyone who answers the phone at the phone # you provide.
Initial here to give your consent _____ Phone # _____

Bo-Shih Ni, C.A., P.A., d/b/a Ni's Chinese Medical Center reserves the right to change pricing at any time.

Bo-Shih Ni is a Board Licensed Acupuncturist in the state of Florida. He received his acupuncture & herbal education in Taipei, Taiwan and has a PhD in Oriental Medicine. He has 30+ years experience in this field of medicine with no disciplinary actions.

Elizabeth Myers is a Board Licensed Acupuncturist in the state of Florida. She received her acupuncture & herbal education in Orlando, FL. She has 13 years experience in this field of medicine with no disciplinary actions.

Yang-Fen Sun is a Board Licensed Acupuncturist in the state of Florida. She received her acupuncture & herbal education in Orlando, FL. She has 4 years experience in this field of medicine with no disciplinary actions.

1250 W. Eau Gallie Blvd., Ste L, Melbourne, FL 32935 Phone:(321) 757-9731 Email: office.drboni@gmail.com

Please sign below stating that you have read the content of this page.

Patient/Guardian Signature: _____ **Date:** _____

Payment must be made in full when service is rendered.

M/C, Visa, Discover, or Cash accepted (PHOTO ID NEEDED)

There will be a \$35 fee charged for all returned checks. Checks will no longer be accepted from that patient.

Do you have a Legal Guardian? Yes _____ or No _____

Name of Guardian: _____ Phone: _____

The person who is given Power of Attorney over the patient, must sign these documents, be present at all appointments, and must provide a copy of the Power of Attorney.

MEDICAL HISTORY

Have you had acupuncture before? Chinese herbal medicine?
Yes No Yes No

How long have you had your current symptoms?

Are you under the care of a physician now? Yes No If yes, for what?
Physician name: Physician's phone:

Family Medical History (circle any that apply)

Allergies: (list) Asthma Cancer (type) Heart Disease
Alcoholism High Blood Pressure
Depression Diabetes (Type:) Stroke

Your Medical History

(circle any of the following conditions you currently have, or have had in the past.)

AIDs/HIV Diabetes (Type:) Multiple Sclerosis Surgery (List)
Alcoholism Emphysema Mumps
Allergies Epilepsy Pacemaker (Date:)
Appendicitis Goiter Pneumonia
Arteriosclerosis Gout Polio Thyroid disorders
Asthma Heart disease Rheumatic fever Major trauma
Birth Trauma Hepatitis (Type:) Scarlet fever (car accident, fall,...-list)
(your own birth) Herpes (Type:) Seizures
Cancer High Blood Pressure Stroke
Chicken pox Measles

Your Diet (circle all that apply)

Appetite: Low Coffee/Tea Sugar Thirst for fluids
Normal Soft Drinks/Fruit Juices Protein Low # glasses per day:
High Artificial Sweeteners Intake: High

Average Daily Menu

Morning Noon Evening Snack

Current Medications/Supplements

(Please list all prescription medications and vitamins/supplements that you are currently taking)

Your Lifestyle

Alcohol Marijuana
Tobacco Drugs

Regular Exercise

Type: Frequency:
Type: Frequency:

INFORMED CONSENT FOR TREATMENT

PLEASE READ BEFORE SIGNING

I hereby request and consent to be treated with acupuncture, cupping, moxa and/or Chinese herbal medicine on me (or the patient named below, for whom I am legally responsible) by a physician who is a Licensed and Board Certified Acupuncturist in the state of Florida. If I wish to decline any form of treatment/procedure recommended by the physician, I have the right to do so. I understand that I can be refused treatment by the clinical staff or office administration at any time.

I understand that the herbs may need to be prepared and consumed according to the instructions provided orally and in writing. The herbs may be an unpleasant smell or taste. I will immediately notify a member of the clinical staff of any unanticipated or unpleasant effects associated with the consumption of the herbs.

I have been informed that acupuncture is a generally safe method of treatment and only pre-sterilized, disposable needles will be used. I understand that the treatments may have some side effects, including but not limited to bruising, bleeding, redness, bump, numbness, pain or other strong sensation at or near the needling sites, nerve pain, and aggravation of current symptoms, or appearance of new symptoms or light headaches. I understand that I should not move while the needles are being inserted, retained, or removed. Bruising and redness is a common side effect of cupping. If I feel uncomfortable at any time during the treatment session, I will inform the physician immediately.

I understand that while this document describes the major risks of treatment, other side effects and risks may occur. The herbs, which are from plant, animal and mineral sources, have been recommended are traditionally considered safe in the practice of Chinese Medicine. I understand that some herbs may be inappropriate during pregnancy and I will notify a clinical staff member who is caring for me if I am or become pregnant. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, and tingling of the tongue.

I accept the fact that **no guarantee** is made concerning the outcome of my acupuncture treatments and/or herbal medicines or other treatment methods.

I understand the clinical and administrative staff may review my patient records, but all my records will be kept confidential and will not be released without my written consent.

I accept the fact that each combination of herbs is designed for my needs and my needs only, **and therefore I cannot receive a refund on any herbs or any services rendered.** I also understand that I may stop treatment at any time.

I have the right to refuse treatment; however, I must communicate this to the clinical staff **before** any herbal prescription has been filled for me; otherwise I will be obligated to pay for the herbs prescribed.

By signing below I show that I have read, or have had read to me, this consent to treatment, understand the possible side effects and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. 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.

I am declining the following treatment/procedure : _____

Patient's Name _____

Patient's Signature _____

Date Signed _____

To be completed by the patient's Guardian if the patient is a minor or is physically or legally incapacitated. The person who is given Power of Attorney over the patient, must sign these documents, be present at all appointments and must provide a copy of the Power of Attorney.

Print Name of Patient _____
Mar-20

Print Name of Patient Guardian _____

Signature of Patient Guardian _____

Relationship or Authority of Patient _____

Payment must be made in full when service is rendered.

We accept Cash, Mastercard, Visa, and Discover

HIPPA NOTICE OF PRIVACY PRACTICES

Bo-Shih Ni, C.A., P.A. is required by law to maintain the privacy of your **Protected Health Information (PHI)**. This Notice of Privacy Practices tells you how your PHI may be used and disclosed and how you can access this information. Please review it carefully.

Under the Health Insurance Portability & Accountability Act of 1996 "HIPAA," it is our legal duty to safeguard your PHI. Please note that we reserve the right to change the terms of this Notice and our privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with us. Before we make any important changes to our policies, we will immediately change this Notice and post a new copy of it in our office. You may also request a copy of this Notice from us, or you can view a copy of it in our office. This Notice will remain in effect until it is replaced or amended.

During the course of our relationship with you, your PHI may be used or disclosed for treatment, payment, and healthcare operations within our office. You may specifically authorize us to use your PHI for any purpose or to disclose our health information by submitting the authorization in writing. Such disclosures will be made to any personal representative you choose to have your PHI. This authorization will have an expiration date that can be revoked by you in writing.

Marketing

This office will not use or disclose your PHI for marketing communications without your written authorization. This office may send greeting cards, notice of clinic events, newsletters, and/or appointment reminders.

Disclosure

This office may use or disclose your PHI without your consent or authorization when required by law.

Patient Rights

1. Upon written request, you have the right to review and receive copies of your PHI.
2. Upon written request, you have the right to receive a list of disclosures about your PHI.
3. You have the right to request additional restrictions on the use and disclosure of your PHI, as permitted by law.
4. You have the right to receive all notices in writing.
5. Upon written request, and as permitted by law, you have the right to request that we amend your PHI.

If you have questions about this Notice or any complaints about our privacy practices, please contact our office. Please send written complaints to the Secretary of the Department of Health & Human Services, 200 Independence Ave. S.W., Washington, D.C. 20201.

This Notice went into effect on April 14, 2003.

I acknowledge the use of my PHI within this office and my rights.

Signature of patient or patient's Guardian

Date

Printed name of patient or patient's Guardian

Relationship to Patient

OFFICE USE ONLY

I attempted to obtain the patient's signature on this HIPPA Notice of Privacy Practices, but was unable to do so as documented below:

Date: _____ Initials: _____ Reason: _____

Ni's Chinese Medical Center

1250 W. Eau Gallie Blvd., Ste L, Melbourne, FL 32935
Corporate Office Phone: (321) 757-9731

www.drboni.com

2370 S. 3rd Street, Unit 2, Jacksonville Beach, FL 32250
Email: office.drboni@gmail.com

FEES

OFFICE VISITS

NEW PATIENT DETAILED EVALUATION	\$80
FOLLOWUP OFFICE VISIT W/O TREATMI	\$40

TREATMENT

ACUPUNCTURE	\$70
ACUPUNCTURE W/MOXA OR CUPPING	\$105
CUPPING/MOXA	\$70
MANUAL THERAPY/TUINA	\$30

HERBS ARE AN ADDITIONAL COST. PRICES VARY AND WILL BE GIVEN TO YOU BEFORE THE RX IS FILLED ON YOUR FIRST VISIT. HERBS RANGE FROM \$30-\$300/WEEK.

ACUPUNCTURE WORKS CUMULATIVELY, THEREFORE A SERIES OF 10 ACUPUNCTURE TREATMENTS ARE RECOMMENDED. SOME PATIENTS MAY NEED MORE AND OTHERS LESS; HOWEVER, 10 TREATMENTS IS STANDARD TO ACHIEVE RESULTS. ACUPUNCTURE WORKS OPTIMALLY WITH TWO TREATMENTS A WEEK UNTIL CONSISTENT RESULTS ARE ACHIEVED.

IF YOU WISH TO SUBMIT YOUR OWN INSURANCE CLAIM, PLEASE INFORM THE FRONT DESK RECEPTIONIST TO ENSURE THAT CLAIM INFORMATION IS PUT ON YOUR RECEIPT. INSURANCE COMPANIES WILL NOT PAY FOR HERBS.

NI'S CHINESE MEDICAL CENTER RESERVES THE RIGHT TO REVISE THEIR FEES AT ANY TIME. PAYMENT MUST BE MADE IN FULL AT TIME SERVICES ARE RENDERED. WE DO NOT ACCEPT PARTIAL OR NON PAYMENT.

PLEASE PRESENT FRONT DESK ADMINISTRATOR WITH YOUR PHOTO ID.

Patient Signature

Acupuncture Expectations

Acupuncture is effective therapy. Understanding how it works expedites healing with lasting results. Ensuring expectations are realistic benefits recovery.

Acupuncture has helped countless millions for over 3,000 years. This is why Mayo Clinic, Cleveland Clinic, and other elite hospitals use it. It is not, however, a magic bullet. It is unrealistic to expect chronic concerns to miraculously disappear in 1-2 treatments. One does not get this way overnight nor will it be fixed in a 1 hour session. Like physical therapy, a series is necessary.

Acupuncture works cumulatively; one treatment builds on the last. Like all therapy, a series is required. Standard protocol requires 2 to 3 treatments per week. Some may need only a few while others many more. Those in acute pain may require daily treatments until relief occurs. Note: if no improvement occurs after 3rd treatment, then therapy should be discontinued.

Results depend on the patient's health. Acute, chronic, multiple conditions, the number of prescription drugs and previous surgeries are all relevant factors. Results also depend on how well lifestyle and diet recommendations are followed. Those who don't *temporarily* forgo alcohol, sweets, or other detrimental activities only cheat themselves. Stopping treatments prior to a physician's release date may cause symptoms to return, as re-inforcement is required to restore balance. Similar to taking antibiotics expecting "a miracle" by taking 2 days out of 7 doesn't work.

Patients with weak constitutions may require herbs to fortify their symptoms. All batteries require strength to hold a charge. When acupuncture isn't helping, it is often due to such weakness. Needles are effective treatment for countless conditions, however; nourishing a nutrient deficient body occurs only with herbs.

Ni's Chinese Medical Center functions just like in China. Follow up treatments allow for approximately 10 minutes brief status update prior to needle applications. Treatments focus on priority health concerns not talk therapy or teaching medicine. Those desiring to ask more questions need to schedule extra time. Since additional fees apply, attending seminars is recommended.

Chinese medicine views the body as a living garden. Physicians are hired to weed, prune, trim, water, and fertilize to restore balance. Those who participate in the healing process see the greatest results. Knowledge of how to master nature's laws is key to restoring health. Once it has been obtained, winning strategies are recommended to maintain it. Thank you for choosing Ni's Chinese medical Center to help you heal yourself.

“He who takes medicine and neglects to diet wastes the skill of his doctors.” Chinese Proverb