

**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, Social Media, Friend, Patient (Please give name)
Other:	Name site or platform:

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 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 # _____

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 40+ years experience in this field of medicine with no disciplinary actions.
Yang Fen Sun is a Board Licensed Acupuncturist in the state of Florida and is board certified by NCBAHM. She earned her Master of Science in Acupuncture and Oriental Medicine from FL College of Integrative Medicine. She has 10+ years experience in this field of medicine with no disciplinary actions.
Hwee Chin Ng is a Board Licensed Acupuncturist in the state of Florida and is board certified by NCBAHM. She earned her Master of Science in Acupuncture and Oriental Medicine in Minnesota operated by the American Academy of Health and Wellness.

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 practitioner 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 practitioner, 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 practitioner 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 _____

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

NOTICE OF PRIVACY PRACTICES PATIENT ACKNOWLEDGEMENT

Patient Name: _____

Date of Birth: _____

I have received and understand this practice's Notice of Privacy Practices written in plain language. This notice provides in detail the uses and disclosures of my protected health information that may be made by this practice, my individual rights, how I may exercise these rights, and the practice's legal duties with respect to my information.

I understand this practice reserves the right to change the terms of its Notice of Privacy Practices, and to make changes regarding all protected health information resident at, or controlled by, this practice. If changes to the policy occur, this practice will provide me a revised Notice of Privacy Practices upon request.

Signature of patient or patient's Guardian

Date

Relationship to patient (if signed by a personal representative of 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 (321) 757-9731
922 Lake Baldwin Lane, Ste C, Orlando (407) 237-0088

www.drboni.com
Email: office.drboni@gmail.com
Email: ORLOffice.drboni@gmail.com

FEES

OFFICE VISITS

NEW PATIENT DETAILED EVALUATION	\$90
FOLLOWUP OFFICE VISIT W/O TREATMENT	\$50

TREATMENT

ACUPUNCTURE	\$90
ACUPUNCTURE W/MOXA OR CUPPING	\$115
CUPPING/MOXA	\$65

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 an effective therapy. Understanding how it works supports progress with lasting results. Ensuring expectations are realistic contributes to steady improvement.

Acupuncture has supported countless individuals for over 3,000 years. This is why Mayo Clinic, Cleveland Clinic, and other respected hospitals incorporate it into their services. It is not, however, a magic solution. It is unrealistic to expect long-standing concerns to disappear in one or two treatments. These issues did not develop overnight, and they will not resolve in a single one-hour session. As with physical therapy, a series of treatments is necessary.

Acupuncture works cumulatively; each session builds on the previous one. Like all therapeutic approaches, a series is required. Standard protocols often involve two to three treatments per week. Some people may need only a few sessions, while others require more. Those experiencing acute discomfort may need daily treatments until meaningful relief develops. Note: if no improvement is observed after the third treatment, therapy should be discontinued.

Results depend on the patient's overall condition. Acute issues, chronic concerns, multiple diagnoses, prescription medications, and previous surgeries all influence outcomes. Progress also depends on how well lifestyle and dietary recommendations are followed. Those who do not temporarily reduce alcohol, sweets, or other counterproductive habits limit their own results. Ending treatment before a physician's recommended timeframe may allow symptoms to return, as reinforcement is needed to maintain balance. Similar to antibiotics, expecting results after only two days of a seven-day course is ineffective.

Patients with weaker constitutions may require herbs to support their system. Just as a battery needs sufficient strength to hold a charge, the body needs adequate nourishment to respond well. When acupuncture alone is not producing expected progress, underlying deficiency is often the reason. Needles can address countless conditions, but replenishing a nutrient-depleted body requires herbal support.

Ni's Chinese Medical Center functions similarly to clinics in China. Follow-up visits include approximately ten minutes for a brief status update before needle placement. Treatments focus on priority health concerns rather than extended conversation or in-depth instruction. Those wishing to ask additional questions should schedule extra time.

Chinese medicine views the body as a living garden. Practitioners work to weed, prune, trim, water, and nourish to restore balance. Those who actively participate in their own process experience the greatest benefits. Understanding how to work with nature's principles is key to maintaining well-being. Once this knowledge is gained, strategies can be applied to preserve it. Thank you for choosing Ni's Chinese Medical Center to support your journey toward improved balance and vitality.

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