Name_____ DOB _____

Full Address_____

Phone # _____Email_____

Have you had acupuncture before? _____

How did you hear about our clinic? _____

What is your **primary** reason for coming for acupuncture? _____

How long have you had this issue?_____ Rate your pain / discomfort on a scale of 1 to 10:_____

What is your **secondary** reason for coming for acupuncture? _____

How long have you had this issue?_____ Rate your pain / discomfort on a scale of 1 to 10: _____

Informed Consent and Financial Policy I hereby request and consent to the performance of acupuncture or other modalities within the scope of practice of acupuncture on me by Pittsburgh Community Acupuncture through Tyler Phan, LAc. who is a licensed in Pennsylvania to practice acupuncture. I understand that there are some risks to treatment, including but not limited to some bruising and/or slight bleeding, some pain at the site of the needle insertion, dizziness or fainting, or possible aggravation of existing symptoms. The risk infection is very slight, as all needles used are pre-sterilized, single-use, and disposable. I have had the opportunity to discuss with Pittsburgh Community Acupuncture the nature and purpose of acupuncture. I understand that results are not guaranteed. I do not expect Pittsburgh Community Acupuncture to be able to anticipate and explain all outcomes and risks. I understand that I may stop treatments at any time. I understand that the evaluation given to me is an assessment based on the theories of Chinese medicine. I understand that Pittsburgh Community Acupuncture is not providing Western biomedical medical care, and that I should look to my primary care practitioner for those services. Payment is expected at the time of treatment.

I have read the above consent and financial policy. I have had the opportunity to ask questions, and by signing I agree to the above- named procedures. I intend this consent to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Signature _____ Date _____

Emergency Contact Name and Number _____