Cindy Haxel Acupuncture
MSTCM, Dipl.Ac., L.Ac.

Cosmetic Health History

Important: Complete this document as thoroughly as possible. Some of the questions that follow may seem unrelated to your condition, but may play a major role in diagnosis and treatment. All information is strictly confidential.

GENERAL PATIENT INFORMATION Date: ____/____/______

Name: ______________________________

Address: ______________________________

City, State, Zip: ______________________________

Primary Phone: ______________________ Secondary Phone: ______________________

To retain your privacy, may we contact you or leave messages at these phone numbers? Y/N

If No, what is the best way to reach you? ______________________________

Email address: ______________________________

Date of Birth: ____/____/______ Guardian (if under 18 years old): ______________________

Gender: ____________ Height: ______ Weight: _______ Marital Status: ____________

Occupation: ______________________ Employer:______________________

How did you hear about our office? ______________________________

Family/Primary Physician: ______________________ Phone: ______________

Date of last medical exam: ____/____/______ Type (physical, pap, etc.): ______________

Emergency Contact
Name/Relationship/Phone: ______________________________

Have you ever been treated by acupuncture or oriental medicine before? Y/N

In terms of Cosmetic Acupuncture, what are your main areas of concern?

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II. PAST MEDICAL HISTORY

How was your childhood health? ______________________________

List all Hospitalizations, Surgeries, Auto Accidents, Trauma, Falls: ______________________________

Allergies (food, seasonal, environmental): ______________________________

Circle any you have had in the past:

Allergies	Asthma	Cancer	Chicken Pox	CVA/Stroke
Diabetes	Emphysema	Epilepsy	Glaucoma	Heart Disease
Hemophilia	Hepatitis	High Blood Pressure	High Fever	HIV/AIDS
Jaundice	Kidney Disorder	Liver Disorder	Lung Disorder	Measles
Meningitis	Migraines	Mononucleosis	Mumps	Nervous Disorder
Paralysis	Pneumonia	Polio	Rheumatic Fever	STD'S
Spleen Disorder	Stomach Disorder	Thyroid Disorder	Tuberculosis	Vein conditions

Other:

____

Family Medical History: Please circle all that apply in your immediate family

Cancer	Diabetes	Stroke	High Blood Pressure	Seizures
Allergies	Asthma	Heart Disease		

Other:

____

III. PATIENT PROFILE

Please list all medications taken in the last 3 months (including drugs, vitamins and herbs): ______________

____

Occupational Stress (chemical, physical, psychological, etc.): ______________________________

Do you have a regular exercise program? Y/N If yes, describe: ______________________________

Are you on a restricted diet? Y/N f yes, describe: ______________________________

How much water do you drink daily? ______________________________

How many caffeinated drinks do you drink per day (coffee, tea, soda)? ______________________________

Do you smoke? Y/N If yes, how many cigarettes per day? ______________________________

Diet:

Please describe your diet in general. Include any dietary restrictions (i.e. vegetarian, gluten-free, etc.), also, mention any bad dietary habits such as excessive fast food, high sugar intake, etc.

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Any other problems you'd like to discuss? ____

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Women only:

Do you practice birth control? Y/N What type and for how long? ____________________

Is there a chance you may be pregnant now? Y/N

Vaginal discharge: Y/N Frequent? Y/N Color? ______________ Odor? ____________

Regular menstrual cycle? Y/N Number of children: _____ Number of pregnancies: _____

Difficulties with pregnancy? Y/N Describe: ______________________________________

How long after giving birth until menses returns? __________________________________

Age of first menstruation: _____ Age of menopause (if applicable):_____

Avg # days of flow: ________ Avg # days of entire cycle: _______ Quantity: Light / Medium / Heavy

Uterine bleeding/spotting between periods? Y/N How much and how often? _____________

Do you experience any of the following pre-menstrual syndromes?

Nausea	Vomiting	Water retention	Breast swelling
Food cravings	Headaches	Migraines	Breast tenderness
Depression	Irritability	Anxiety	

Other emotions: ____

Pain (sharp or dull and where): ____

Patient Signature: ________________________________

Acupuncturist Signature: ____________________________

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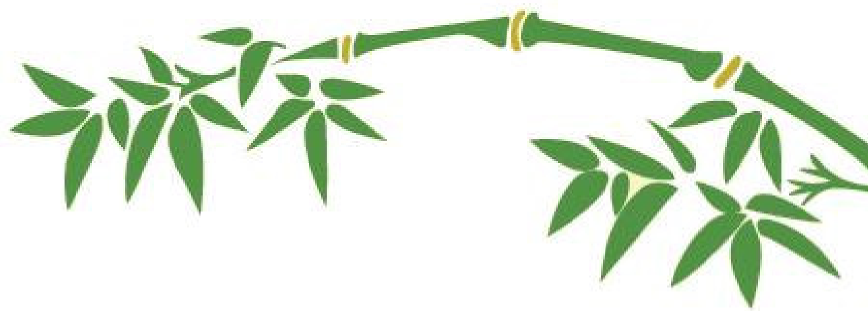

Mandatory Disclosure

Education and Experience

Cindy Haxel earned her Master of Science in Traditional Chinese Medicine from the Colorado School of Traditional Chinese Medicine in August 2007. This 4-year program consists of 2850 hours of education including 1080 hours of clinical practice. She was certified as a Diplomate in Acupuncture by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) in September 2007. This includes certification in Clean Needle Technique.

Cindy's training includes adjunctive therapies such as moxibustion, tui na, acupressure, cupping, auriculotherapy, and diet and lifestyle recommendations. She also has specialized training in Cosmetic Acupuncture and Pediatrics.

Cindy is a member of the American Association of Oriental Medicine. She received her acupuncture license in Colorado in 2007. Her license, certificates, or registrations have never been suspended or revoked.

This clinic complies with the rules and regulates promulgated by the Colorado Department of Health, including the proper cleaning and sterilization of needles and sanitation of acupuncture offices. Only single-use, disposable, factory-sterilized needles are used.

Fee Schedule

	Per session	Discount Packages *
Cosmetic Acupuncture	$85	$725 for 10 sessions
Initial Intake	$95	
Follow-up Treatment / 60 minute	$60	
Extended follow-up Treatment / 90 minute	$80	
Pediatric Acupuncture	$45	

* The patient may terminate this treatment at any time and any unused treatments will be refunded at the discounted rate.

Patient's Rights

- The patient is entitled to receive information about the methods of therapy, the techniques used, and the duration of therapy, if known.
- The patient may seek a second opinion from another healthcare professional or may terminate therapy at any time.
- If at any time the patient wishes to terminate treatment and they have purchased a discount package they will be refunded in full for any unused treatments at the discounted rate.
- In a professional relationship, sexual intimacy is never appropriate and should be reported to the Director of the Division of Registrations in the Department of Regulatory Agencies.

The practice of acupuncture is regulated by the Director of Registrations, Colorado Department of Regulatory Agencies. If you have comments, questions, or complaints, contact the Acupuncturists Registration Office, 1560 Broadway, Suite 1350, Denver, Colorado 80202. Telephone 303-894-2440.

I have read and understand this document.

____________________________________ ____________

Patients (Guardian's) Signature Date

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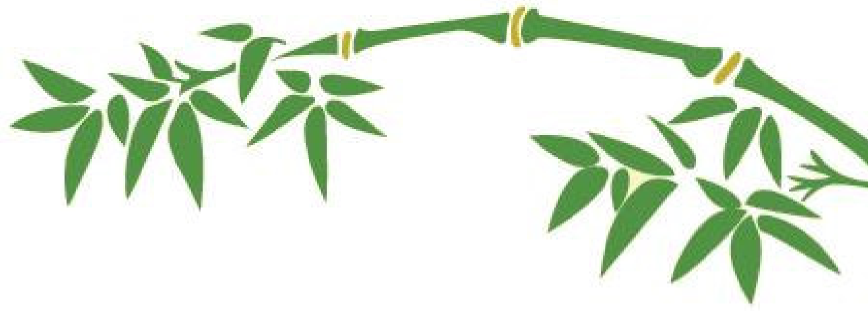

HIPPA Acknowledgement

Cindy Haxel Acupuncture protects Your Health Information and Privacy

This notice describes our office's policy for how medical information about you may be used and disclosed, how you can get access to this information, and how your privacy is being protected.

In order to maintain the level of service that you expect from our office, we may need to share limited personal medical and financial information with your insurance company, with Worker's Compensation or with other medical practitioners that you authorize.

Safeguards in place at this office include:

- Limited access to facilities where information is stored
- Policies and procedures for handling information
- Requirements for third parties to contractually comply with privacy laws
- All medical files and records are kept on permanent file

Types of information that we gather and use:

In administering your health care, we gather and maintain information that may include non-public personal information:

- About your financial transactions with us
- From your medical history, treatment notes, all test results, and any communication records to or from other health care practitioners
- From health care providers, insurance companies, workman's comp and your employer, and other third party administrators

In certain states, you may be able to access and correct personal information we have collected about you.

We value our relationships, and respect your right to privacy. If you have questions at all about our privacy policies, please call us at 303-956-5817.

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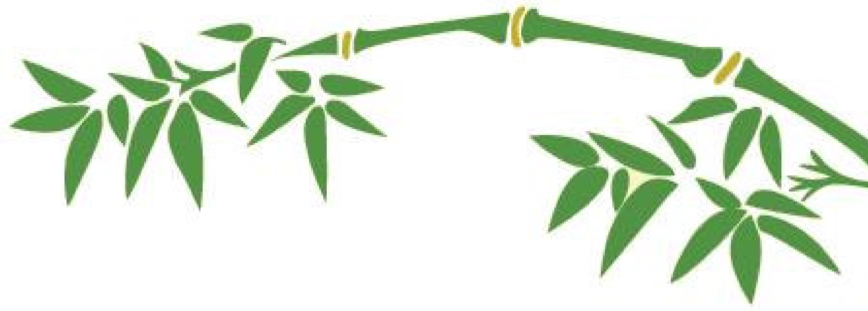

HIPPA Consent Form

I give Cindy Haxel my consent to use or disclose my protected health information to carry out my treatment, to obtain payment from insurance companies, and for health care operations like quality reviews.

I have been informed that I may review the practice's Notice of Privacy Practices before signing this consent.

I understand that this practice has the right to change their privacy practices and that I may obtain any revised notices of the practice.

I understand that I have the right to request a restriction of how my protected health information is used. However, I also understand that the practice is not required to agree to the request. If the practice agrees to my requested restriction, they must follow the restriction(s).

I also understand that I may revoke this consent at any time by making a request in writing, except for information already used or disclosed.

Signature:___________________________________**Date:**______________________
Patient, parent or legal guardian

If signed by patient representative, state relationship to patient______________________

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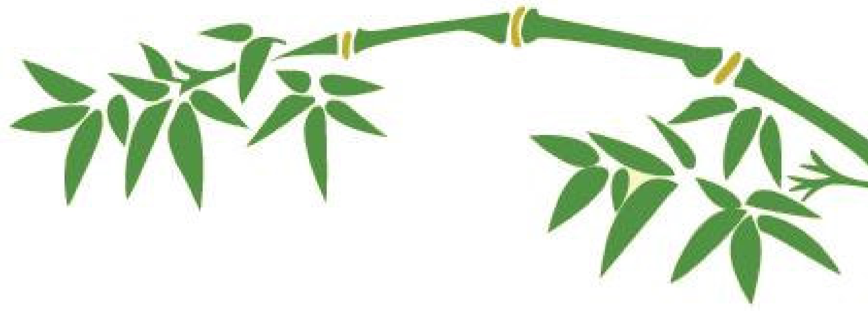

INFORMED CONSENT TO ACUPUNCTURE TREATMENT AND CARE

I hereby request and consent to the performance of acupuncture and other procedures within the scope of practice of acupuncture on me (or the patient named below for whom I am legally responsible) by the acupuncturist named below and/or other licensed acupuncturists who now or in the future treat me while employed by, working or associated with or serving as back-up for the acupuncturist named below, including those working at the clinic or office listed below or any other office or clinic, whether signatories to this form or not.

I have had an opportunity to discuss with the acupuncturist named below and/or with other office or clinic personnel the nature and purpose of acupuncture.

I understand and am informed that in the practice of acupuncture there are some risks to treatment, including but not limited to, a punctured lung, infection, and bruising. I do not expect the acupuncturist to be able to anticipate and explain all risks and complications, and I wish to rely on the acupuncturist to exercise judgment during the course of treatment that is in my best interest, based upon the facts then known.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above-named procedures. 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.

To be completed by the patient or patient's legal representative:

____
Print patient's name

____ ________________________
Signature of patient or patient's legal representative Date

Relationship to patient, if patient's legal representative: ________________________

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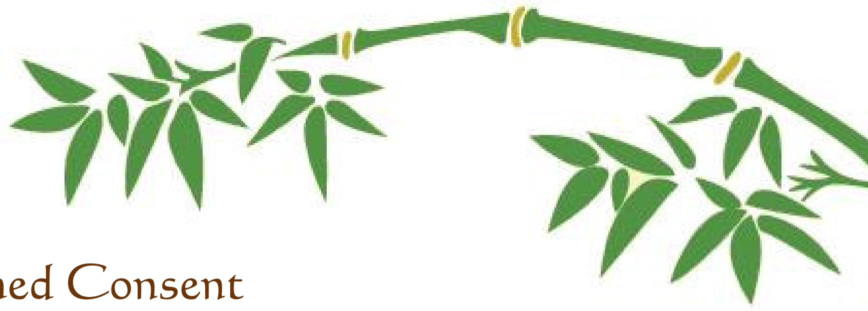

Cosmetic Acupuncture Informed Consent

INSTRUCTIONS - This is an informed consent document that has been prepared to help your acupuncturist inform you concerning facial acupuncture treatments, the risks involved, and possible alternatives. Please be advised that this is not a surgical procedure. It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for facial acupuncture treatments, as proposed by your acupuncturist.

INTRODUCTION - An acupuncture facial treatment involves the insertion of acupuncture needles into fine lines and wrinkles on the face and neck in order to reduce the visible signs of aging. In Oriental medicine, the meridians or pathways of *Qi* (energy) flow throughout the entire body from the soles of the feet up to the face and head; consequently, a facial acupuncture treatment addresses the entire body constitutionally, and is not merely "cosmetic." An acupuncture facial involves the patient in an organic, gradual process, that is customized for each individual. It is no way analogous to, or a substitute for, a surgical "face lift". A treatment session may confine itself solely to facial acupuncture, or it may be used in conjunction with other procedures.

BENEFITS - Facial acupuncture can increase facial tone, decrease puffiness around the eyes, as well as bring more firmness to sagging skin, enhance the radiance of the complexion, and flesh out sunken areas. Customarily, fine wrinkles will disappear, and deeper ones be reduced. As this treatment is not merely confined to the face, but incorporates the entire body and constitutional issues of health.

ALTERNATIVE TREATMENT - Improvement of sagging skin, wrinkles and fatty deposits may be attempted by other treatments or surgery such as a surgical facelift, chemical face peels, or liposuction. Risk and potential complications are associated with these alternative forms of treatment.

RISKS OF AN ACUPUNCTURE FACIAL - Every procedure involves a certain amount of risk and it is important that you understand the risks involved with an acupuncture facial. An individual's choice to undergo an acupuncture facial is based upon the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them with your acupuncturist to make sure you understand the risks, potential complications, and consequences of an acupuncture facial.

- **BLEEDING** - It is possible, though unusual, that you may have problems with bleeding during an acupuncture facial. Should post-acupuncture bleeding occur, it will usually only consist of a few drops. Accumulations of blood under the skin may cause a bruise, or *hematoma*, which will resolve itself.
- **INFECTION** - Infection is extremely rare after an acupuncture facial. Should an infection occur, additional treatment, including antibiotics, may be necessary.
- **ASYMMETRY** - The human face is normally asymmetrical. Thus, there can be a slight variation from one side to the other in the results attained from a facial acupuncture treatment.
- **BRUISING AND PUFFINESS** - There is a possibility of bruising (hematomas), puffiness, blood, tingling, itching, warmth, pain or other symptoms at the site of the needle.
- **NERVE INJURY** - Injuries to the motor or sensory nerves very rarely result from facial acupuncture treatments. Nerve injuries may cause temporary or permanent loss of facial movements and feeling. Such injuries may improve over time. Injury to sensory nerves of the face, neck and ear regions may cause temporary or more rarely permanent numbness. Painful nerve scarring is extremely rare.
- **NEEDLE SHOCK** - Needle shock is a rare complication after an acupuncture facial.
- **UNSATISFACTORY RESULT** - There is the possibility of a poor result from an acupuncture facial. You may be disappointed with the results.
- **ALLERGIC REACTIONS** - In rare cases, local allergies to topical preparations have been reported. Systemic reactions which are more serious may occur to herbs used during an acupuncture facial. Allergic reactions may require additional treatment.

- **Delayed Healing** - Delayed wound healing or wound disruption are a rare complication experienced by patients in the aftermath of an acupuncture facial. There is a greater risk for smokers, who frequently have dry, sagging skin, which does not heal as readily as that of non-smokers.
- **Long Term Effects** - Subsequent alterations in facial appearance may occur as the result of the normal process of aging, weight loss or gain, sun exposure, or other circumstances not related to an acupuncture facial. An acupuncture facial does not arrest the aging process or produce permanent tightening of the face and neck. Future facial acupuncture maintenance treatments, or other treatments, may be necessary to maintain the results of an acupuncture facial.

Health Insurance - Most health insurance companies exclude coverage for an acupuncture facial and/or any complications that might occur from an acupuncture facial. Please carefully review your health insurance subscriber information pamphlet.

Additional Care Necessary - There are many variable conditions in addition to risk and potential complications that may influence the long term result from acupuncture facial treatments. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with an acupuncture facial treatment. Other complications and risks can occur but are even more uncommon. Should complications occur, other treatments may be necessary. The practice of acupuncture is not an exact science. Although good results are expected, there is no guarantee or warranty, either expressed or implied, on the results that may be obtained.

Financial Responsibilities - The cost of an acupuncture facial involves several charges for the services provided. The total includes fees charged by your acupuncturist, the cost of acupuncture supplies, and topical preparations. Depending on whether the cost of your acupuncture facial is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered.

Disclaimer - Informed-consent documents are used to communicate information about the proposed procedure along with disclosure of risks and alternative forms of treatment(s). The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances. However, informed consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your acupuncturist may provide you with additional or different information which is based upon all the facts in your particular case and the present state of knowledge within the field of acupuncture. Informed consent documents are not intended to define or serve as the standard of acupuncture. Standards of acupuncture are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve. It is important that you read the above information carefully and have all of your questions answered before signing the following consent.

CONSENT FOR FACIAL ACUPUNCTURE PROCEDURE OR TREATMENT

1. I hereby authorize Cindy Haxel to perform an acupuncture facial. I have received the INFORMED CONSENT FOR CONSTITUTIONAL FACIAL ACUPUNCTURE.
2. I recognize that during the course of the acupuncture facial, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above acupuncturist and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my acupuncturist at the time the procedure is begun.
3. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
4. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical device registration, if applicable.
5. It has been explained to me in a way that I understand:

   A. The above treatment or exposure to be undertaken

   B. There may be alternative procedures or methods of treatment

   C. There are risks to the procedure or treatment proposed

I consent to the treatment or procedure and the above listed items (1-5). I am satisfied with the explanation.

____
Patient *(or Person Authorized to Sign for Patient)*

____
Practitioner

____
Date

____
Witness