

Lisa Wagenseil L.Ac.
Acupuncture and Herbal Medicine

Policies & Procedures for New Patients

Welcome! I am very pleased to have you as a new patient. The following information will provide you with an understanding of my practice Policy & procedures.

Office Policy:

- ❖ Please arrive on time for your appointment
- ❖ Please do not eat a large meal, drink excessive amounts of alcohol, or engage in heavy strenuous exercise before or immediately after your appointment.
- ❖ As a courtesy to other patients, I require a 24 hour cancellation notice for any appointments. Less than 24 hours notice will result in being charged for the missed appointment. I have voicemail for evening calls.

Procedures:

- ❖ Chinese medical diagnosis requires accurate and detailed information about your condition and lifestyle. All information on my forms will be held in the strictest confidence.
- ❖ Acupuncture is virtually a painless, highly effective form of Alternative Medicine. Typical sensations derived from the needles are:
 - Sensations of electrical tingle
 - Sensations of heaviness and relaxation
 - Sensation of dull aching-mild, or deep in side
 - An unusual sensation, indescribable, as if something is happening but you don't know exactly what it is.
- ❖ After the needles are removed, it is common to feel a bit light headed or euphoric. Try to avoid any rigorous activities immediately following treatment and take your time as you leave the office. If you feel dizzy, let me know I'll be happy to assist you.

Philosophy:

I strive to provide a soothing, nurturing environment where timely self healing is the primary goal. I provide my patients with compassion and skilled knowledge in a proven ancient healing method. The treatment will calm your body, mind, provide healing, and enhance your well-being and vitality. My goal is to greatly improve my patients' lives through sharing the wisdom of Chinese medicine as an approach to healthy living. As well, to promote the belief that wellness is a lifelong investment in oneself.

Thank you for the opportunity to assist you with your health care needs.

Consent for treatment

I, the undersigned, do hereby request and consent to the performance of Acupuncture and other Oriental Medicine procedures. The methods of treatment may include, but not limited to, acupuncture, moxibustion, cupping, electrical stimulation, massage, Chinese or Western herbal medicine and nutritional counseling. I wish to rely on the acupuncturist to exercise judgment during the course of treatment, which the acupuncturist feels at the time, is in my best interests.

I have been informed that acupuncture is a safe method of treatment, but occasionally; there may be some bruising or swelling near the needling sites that last a few days. There may be some bruising after cupping. The herbs and nutritional supplements which may be recommended are traditionally considered safe in the practice of Chinese Medicine.

By signing below, I agree to the above procedures. I intend this consent to cover the entire course of treatment for my present condition(s).

Patient's Signature _____

Date: _____