



AIMEE RAUPP
LICENSED ACUPUNCTURIST
AND HERBALIST

PATIENT REGISTRATION INFORMATION

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(Protected Health Information Authorized Access Only)

Date :

Name :

Street Address :

City/State/Zip :

Phone (day) : (eve) : (cell) :

Email address :

Date of Birth : Age :

Occupation : Marital Status :

Emergency contact : Phone :

Physician : Phone :

Whom may we thank for referring you?

What is the main reason you are seeking treatment?

.....

Have you been treated by Chinese Medicine for this condition before?

If so, when?

Have you sought out other forms of alternative care for this condition?

If so, please briefly describe :

.....

.....

.....

.....

Have you seen an MD for this condition?

If so, please list the following :

MD's diagnosis :

Prescribed medications for this condition :

Are you currently taking the aforementioned medications?

If so, for how long have you been taking them?

What is the dosage?

Procedures (and dates) you have undergone related to the western treatment of this condition :

.....

Are there any other conditions you would like to address through Chinese Medicine?

.....

Please list any Major Hospitalizations you have had, and give approximate dates (be sure to indicate births and type of delivery) :

1st Hospitalization :	Year	Operation or Illness	Hospital
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2nd Hospitalization :	Year	Operation or Illness	Hospital
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3rd Hospitalization :	Year	Operation or Illness	Hospital
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Please list all other *CURRENT* health conditions you have, together with any medications, herbs or supplements you are now taking for the *CURRENT* condition (If you regularly take aspirin and/or ibuprofen, be sure to include it here).

Condition	Western RX (dose/how long)	Other remedies (dose/how long)
1.
2.
3.
4.
5.

Do you have a family history of any of the following?

Alcoholism	Arthritis	Diabetes	High Blood Pressure
Allergies	Asthma	Epilepsy	Mental Illness
Anemia	Cancer	Heart conditions	

Other, please list :

Do you:

Exercise? How many times/week? Hours at a time?

Type of exercise :

Get enough sleep? How many hours/night? Is it restful?

Have a stressful job? How many hours/week do you work?

Smoke cigarettes? Other tobacco? How many/day? How many years?

Drink caffeine? What kind? How many/day?

Drink alcohol? How many drinks/day? How many/week?

Smoke marijuana? Circle one: **Daily Weekly Occasionally**

Use cocaine? Circle one: **Daily Weekly Occasionally**

Other non-prescribed drugs? Please describe :

Eat sugar? Circle one: **Daily Weekly Occasionally Rarely Binge Crave Avoid**

Crave (Circle all that apply): **Sweet Salty Bitter Sour Spicy Carbs Dairy Meat**

Use artificial sweeteners? Eat regular meals? How many/day?

Please describe what you typically eat :

Breakfast :

Lunch :

Dinner :

Snacks:

How much water do you drink daily?

Please indicate, with ONE check mark (✓), any condition that you sometimes experience; TWO check marks (✓✓) for those conditions which occur often; and THREE check marks (✓✓✓) for symptoms that are a major concern for you :

- | | | |
|-------------------------------|-----------------------------------|---------------------------------|
| headaches | irregular heartbeat | urgent urination |
| migraines | chest pain/tightness | frequent urination |
| hair loss | cold hands and feet | inhibited urination |
| blurred vision | shallow breathing | nighttime urination |
| poor night vision | asthma | urinary tract infections |
| decreasing vision | allergies | incontinence |
| dry eyes | frequent colds | mood swings |
| burning eyes | frequent sore throats | depression |
| eye infections | lymphatic swelling | insomnia |
| hearing loss | fatigue | restlessness |
| ringing in ears | heavy body sensation | indecision |
| painful ears | want to sleep a lot | poor memory |
| ear infections | dry mouth | neuropathy |
| nose bleeds | strong thirst | shaking |
| sinus congestions | underweight | seizures |
| dry skin | overweight | low libido |
| dry scalp | strong appetite | high libido |
| acne | weak appetite | back pain |
| eczema | bitter/sweet taste in mouth | weak knees |
| other skin problems | heartburn | joint pain/stiffness |
| gum problems | reflux | joint inflammation |
| mouth/tongue sores | indigestion | too hot |
| oral herpes | stomach ache | too cold |
| cysts/tumors | bloating | nerve pain/shingles |
| never sweat | flatulence | sciatica |
| easily sweat | belching | muscle pain |
| excessive sweating | bad breath | muscle weakness |
| night sweats | ulcers | genital herpes |
| fainting | nausea | gonorrhea |
| dizziness | vomiting | other STD's, please list: |
| bruise easily | diarrhea | |
| difficult wound healing | constipation | cough |
| leg cramps | hemorrhoids | difficulty breathing |
| swollen feet/ankles | rectal bleeding | irritability |
| high blood pressure | blood in stool | rib/flank pain |
| palpitations | blood in urine | shortness of breath |

Please indicate, with ONE check mark (✓), any condition that you sometimes experience; TWO check marks (✓✓) for those conditions which occur often; and THREE check marks (✓✓✓) for symptoms that are a major concern for you :

MALE CLIENTS

..... impotence testicular swelling/lumps erection/ejaculation difficulties
..... prostate problems burning or discharge weak stream
..... other, please describe :
.....

FEMALE CLIENTS

Age at onset of menstruation Age at onset of menopause
Interval between periods(days)..... Duration of flow(days) Date of last period
..... infertility irregular menstruation excessive menstrual bleeding
..... menstrual cramps absent menstruation bleeding between periods
..... PMS, please list symptoms:
..... vaginal discharge blood in discharge vaginal/yeast infections
..... fibroids vaginal dryness pain with sex
..... positive PAP Date of last PAP
..... breast lumps/cysts ovarian/uterine cysts
..... Are you pregnant now? could you be?
..... # of Pregnancies # of children
..... #of miscarriages #of abortions
..... Menopause or perimenopause, please list symptoms :
.....

FEE SCHEDULE

- **\$265** : Initial Acupuncture Facial Rejuvenation session, including a detailed Health History intake and Treatment.
- **\$165** / session Acupuncture Facial Rejuvenation.
- **\$50** additional for 1/2 hour facial massage (OPTIONAL)

A 15% discount is applied to those who prepay for 10 Acupuncture Facial Rejuvenation sessions (excluding the Initial Acupuncture Facial Rejuvenation session).

- 10 prepaid Acupuncture Facial Rejuvenation sessions: **\$1400** (a savings of \$250)
- 10 prepaid Acupuncture Facial Rejuvenation sessions + 3, 1/2 hour facial massages (to be included into treatments 3, 6, and 10): **\$1525** (a savings of \$275).

I do not directly bill insurance companies. I will furnish you with a superbill, which you can submit to your insurance company for reimbursement. In some cases, reimbursement may be available. But, keep in mind that plans vary greatly. Please check with your insurance company to verify Acupuncture benefits.

PAYMENT POLICY

Payment is expected in full at the time of service, unless other arrangements have been made in advance. We accept cash, checks and credit cards.

CANCELLATION AGREEMENT

I understand that Aimee E. Raupp, M.S. L.Ac. holds my appointment solely for me, even when others request my time. Consequently, I realize there is a one-day prior cancellation policy. I acknowledge it is my responsibility to notify Aimee E. Raupp, M.S. L.Ac. of my inability to keep any appointment time being held for me. If for any reason I am unable to call in this information on the prior day, I understand I am responsible for half of the visit fee.

LATENESS POLICY

Life happens!! And we cannot all be perfectly on time... However, we need you to understand that you are scheduled for a visit lasting one hour. If you are unable to be on time, you must realize that your visit with the therapist may be limited to your scheduled hour, so as not to inconvenience others scheduled to work with the therapist after your appointment time.

On the other hand... Infrequently, you may need to wait a few minutes before I can see you. Please understand that this will not affect the duration of your appointment. If you have special time constraints, please let me know at the time of your arrival, or upon scheduling your appointments.

Thank you, in advance, for your courtesy in upholding these policies with
Aimee E. Raupp, M.S. L.Ac.

.....
Signature

Print Name

Date

INFORMED CONSENT FOR ACUPUNCTURE FACIAL REJUVENATION

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 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 very 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 very unusual after an acupuncture facial. Should an infection occur, additional treatment, including antibiotics, may be necessary.

Damage to Deeper structures

Deeper structures such as blood vessels and muscles are rarely damaged during the course of a facial acupuncture treatment. If this does occur, the injury may be temporary or permanent.

Asymmetry

The human face is normally asymmetrical. Thus, there can be a 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 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 very 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 alternations 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.

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 need 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 consent on the next page.

Contraindications for Facial Rejuvenation Acupuncture

- Hemophiliacs
- High Blood Pressure
- Frequent Migraines (at least one/week)
- Cosmetic Surgery in the last 3-6 months
- Pacemakers
- Ulcerated, Irritated, Bruised facial regions
- Laser resurfacing in the last 3 weeks
- Pregnancy

Please note that BRUISING is a potential side effect of acupuncture.

The following supplements/medication can increase your risk of bruising :

- Coumadin
- Ginko Biloba
- Vitamin E
- Aspirin
- Anti-Inflammatory's
- Excess sugar and carbohydrates

I strongly recommend that you take Arnica Montana 6C pellets for one week prior to our first appointment, to prevent any potential bruising.

I,, freely choose to undergo Facial Acupuncture Treatments, knowing that there are no guaranteed results. I have received the Informed Consent for Acupuncture Facial.

I also understand that there could be bruises, puffiness, redness, blood, pain or other symptoms at the site of the needles on the face or on the body during or after the treatment.

I have read through, and I understand all of the contraindications regarding Facial Acupuncture.

I completely understand all these ramifications and freely agree to undergo these treatments.

.....
Patient **Date**

.....
Practitioner **Date**