

Ashland Family Acupuncture

**NEW PATIENT COSMETIC FACIAL ACUPUNCTURE**

Please complete this document as thoroughly as possible. Some of the questions may seem unrelated to your condition, but they may play a role in diagnosis and treatment. **All information is strictly confidential.**

**PATIENT INFORMATION**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Name of Primary Physician \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Referred by \_\_\_\_\_

**CONDITIONS**

**What are your primary facial concerns?** \_\_\_\_\_

Cosmetic facial acupuncture includes body points that may be used to address **additional health concerns** (e.g. neck pain, etc). List any health concerns that you wish to address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAST FACIAL TREATMENTS**

- facelift surgery; if so, dates: \_\_\_\_\_
- acupuncture facials
- microdermabrasion; if so, dates: \_\_\_\_\_
- chemical peels; if so, dates: \_\_\_\_\_
- light rejuvenation
- laser procedures; if so, dates: \_\_\_\_\_

- Renova
- Retin-A
- Botox, if so, dates: \_\_\_\_\_
- collagen injections; if so, dates: \_\_\_\_\_
- microblading; if so, dates: \_\_\_\_\_
- other; if so, dates: \_\_\_\_\_

**FACE ROUTINE**

- cleanser
- toner
- moisturizer
- masks
- sunscreen daily
- exfoliator

**FACE SKIN**

- wrinkles
  - forehead
  - lips
  - nasolabial
  - eyes (crow's feet)
- sun damage
- hyperpigmentation
- blemishes
- acne
- acne scars

- rosacea
- dryness
- oily
- eczema
- large pores
- rashes
- sagging
- age spots
- broken capillaries
- yellow complexion
- dull complexion

**EYES**

- dark circles
- wrinkles
- dry skin around eyes
- allergies, watery
- styes
- puffy & swollen

- eye bags
- puffy upper lids

**NECK**

- crepe skin
- wrinkles
- sagging jowls
- turkey wattle
- double chin

**LIPS**

- fine lines
- cracking
- cold sores

**HAIR**

- thinning
- baldness
- dry scalp

**PERSONAL HEALTH**

Are you taking coumadin or warfarin?  Yes  No

Are you pregnant?  Yes  No  Maybe

Do you have skin sensitivities or allergies?  Yes  No  Maybe. If so, to what?

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**CURRENT PERSONAL HEALTH REVIEW**

*Please put a check mark (✓) by the symptoms that you have now or in the past few weeks.*

**GENERAL**

- low energy
- catch colds easily
- difficult to concentrate
- dizziness
- dream disturbed sleep
- dry skin
- fatigue
- flushed in the afternoon
- general weakness
- mental confusion
- night sweats
- restlessness
- sores on tip tongue
- sweat easily
- feel worse after exercise
- see floating black spots

**RESPIRATORY**

- allergies

- cough
- difficulty breathing
- dry mouth, throat, nose
- nasal discharge
- nose bleeds
- phlegm
- shortness of breath
- sinus congestion
- sneezing
- sore throat
- sleep apnea

**HEART**

- cold hands/feet
- chest pain
- edema
- high blood pressure
- low blood pressure
- palpitations
- stroke

- heart murmur
- high cholesterol

**MOOD & SLEEP**

- anxiety
- depression
- mood swings
- panic attacks
- easily angered
- easily stressed
- seeing a therapist
- insomnia
- difficult to fall asleep
- difficult to stay asleep
- busy mind
- nightmares
- night sweats

**DIGESTION**

- bloating/gas after eating

- belching
- constipation
- diarrhea
- diarrhea alternates with constipation
- fatigue after eating
- gas
- hemorrhoids
- laxative use
- loose stool
- low appetite
- mentally sluggish, foggy
- nausea
- prolapsed organs
- rectal pain
- swollen feet
- swollen hands

- bruise easily
- heartburn
- large appetite
- mouth sores
- stomach pain

**HEAD, EARS, EYES,  
THROAT**

- feel lump in throat
- migraine
- headaches
- muscle spasms, twitches
- seizures
- jaw pain
- facial pain
- grinding teeth
- red eyes

- itchy eyes
- ringing in ears

**KIDNEY/BLADDER**

- frequent urination
- lack of bladder control
- frequent night urination
- painful urination

**BODY SKIN**

- rash
- dry skin
- eczema
- acne
- itchy skin
- psoriasis

**PAIN**

- |  |  |                                     |                                    |
|--|--|-------------------------------------|------------------------------------|
| <input type="checkbox"/> neck pain     | <input type="checkbox"/> sciatica        | <input type="checkbox"/> joint pain | <input type="checkbox"/> seizures  |
| <input type="checkbox"/> shoulder pain | <input type="checkbox"/> knee pain       | <input type="checkbox"/> tremors    | <input type="checkbox"/> arthritis |
| <input type="checkbox"/> back pain     | <input type="checkbox"/> muscle weakness | <input type="checkbox"/> tingling   |                                    |
| <input type="checkbox"/> hip pain      |  | <input type="checkbox"/> numbness   |                                    |

**BEFORE TREATMENT**

- *Please wash your face and remove all makeup.*
- *Please wear loose-fitting, comfortable clothing that is convenient for accessing areas such as the arms, legs, and abdomen during treatments.*
- *Eat a light meal prior to your appointment.*

## Ashland Family Acupuncture

### OFFICE & FINANCIAL POLICIES

Please do not hesitate to ask any questions you might have regarding your visit, your billing, or our policies.

#### PAYMENT OF SERVICES

- Payments and co-pays are due at the time of service unless arrangements are made in advance.
- Payment can be made with Venmo, cash, check, or credit card. Please see our website for the fees for cosmetic facial acupuncture. Website: [ashlandfamilyacupuncture.com/cosmetic-acupuncture](http://ashlandfamilyacupuncture.com/cosmetic-acupuncture)
- Please note that there will be a \$25 charge for checks returned due to insufficient funds.
- If you foresee any financial challenges, please address them prior to your appointment.

#### INSURANCE COVERAGE

- We are an in-network provider for *Regence BCBS of Oregon*. Policies can differ greatly in terms of deductibles, conditions covered, and percentage covered for acupuncture. We can verify coverage and submit your claim provided you sign the financial agreement below.
- For all other insurance companies, we are out-of-network and require payment at the time of service. We can provide super bills with the proper coding for you to submit to your insurance company.
- Cosmetic Facial Acupuncture is not covered by insurance, but treatment for pain conditions are covered. If interested, please discuss coverage options prior to your treatment.

#### RELEASE OF MEDICAL INFORMATION

- If your insurance is being billed, your insurance company may require medical reports to document our treatment and progress. Signing below authorizes the release of medical information necessary to process your claim.

#### APPOINTMENT CHANGES AND CANCELLATIONS

- As a courtesy to our office and other patients, we ask that you please notify the office at least 24 hours in advance if you need to cancel or reschedule your appointment.
- Please note that there will be a charge of \$100 for all missed appointments and for all appointments canceled or changed without 24 hours notice for all non-emergency situations.

#### FINANCIAL AGREEMENT

I am receiving or about to receive health care services in this office. I understand that I am responsible for the full payment of all non-insurance related fees at the time services are rendered. If I choose to use my insurance, I understand that I will be responsible for all “non-covered” services, co-insurance, and co-pays associated with my office visit. In addition, I authorize insurance payment of medical benefits to Ashland Family Acupuncture, LLC, Nicole Peterson, LAc.

*By signing below, I agree to comply with the office policies stated above which I have read and understand. I also authorize the use of this signature on all insurance submissions.*

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Ashland Family Acupuncture

### INFORMED CONSENT FOR COSMETIC FACIAL ACUPUNCTURE

This is an informed consent document that has been prepared to help inform you concerning cosmetic facial acupuncture treatments and the risks involved. Please be advised that this is not a surgical procedure. It is important that you read this information carefully and completely.

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 nerve and blood 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." As a result, acupuncture needles are also placed in the arms, legs, and abdomen. It is not analogous to, or a substitute for, a surgical "face lift."

**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. Generally, fine wrinkles will lighten, and deeper ones may be reduced.

**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. These alternative treatments can be done by other practitioners. Risks and potential complications are associated with these alternative forms of treatment.

**CONTRAINDICATIONS:** Cosmetic facial acupuncture is not indicated for the following conditions: high blood pressure, skin cancer, herpes outbreak, facial rashes, active severe acne, diabetes, keloids, skin related autoimmune disorders, Parkinson's, recent Botox treatments, pregnancy, problems with bleeding or bruising, blood thinner medications, recent microdermabrasion, vertigo, dermal filler, severe migraines, recent laser treatments, and hemophilia.

**RISKS:** 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, please 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 that you may experience bleeding at the points of insertion. 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 over several days. For this reason, we recommend that you avoid scheduling your appointments near important events (e.g. weddings, public talks, etc).
- **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.
- **NERVES:** Injuries to the motor or sensory nerves rarely result from facial acupuncture treatments.
- **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.
- **ALLERGIC REACTIONS:** In rare cases, local allergies to topical preparations may occur. Allergic reactions may require additional treatment.
- **LONG-TERM:** 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.

- **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. Although good results are expected, there is no guarantee or warranty, either expressed or implied, on the results that may be obtained.

## LED LIGHT THERAPY

LED (light-emitting diode) light therapy is a non-invasive treatment that enters the skin's layers to improve the skin.

- **Contraindications for LED Light Therapy:**  
Diseases of the retina; Photosensitizing medications like lithium, melatonin, phenothiazine antipsychotics and certain antibiotics

## NANONEEDLING (OPTIONAL ADD ON)

Nanoneedling is a skin treatment that uses controlled puncturing of the skin to stimulate skin cell turnover and increase the absorption of skincare products. The treatment is performed by pressing thin, pin-like needles shallow into the skin, to separate skin cells and create nanochannels in the epidermis.

Nanoneedling is done using the same derma pen as microneedling, but the cartridges are different. Depending on the area of your face that is being treated, the procedure is well-tolerated and in some cases virtually painless, feeling only a mild prickling sensation. Your skin may be pink or red in appearance, much like a sunburn, for a couple of hours following treatment. Your skin may feel warm, tight, and itchy for a short while. This should subside in 12-48 hours.

- **Possible Side Effects of Nanoneedling:** Side effects or risks are minimal with this type of treatment and typically include minor flaking or dryness of the skin with scab formation in rare cases. Minor bleeding and bruising is possible but uncommon. Hyper-pigmentation (darkening of certain areas of the skin) can occur very rarely and usually resolves after a couple days to three weeks. If you have a history of cold sores, this procedure may cause flare ups. Temporary redness and mild-sunburn effects may last up to 4 days. Freckles may temporarily lighten or permanently disappear in treated areas. Other potential risks include: crusting, itching, discomfort, bruising, infection, swelling, and failure to achieve the desired result. Permanent scarring (less than 1%) is extremely rare.
- **Contraindications for Nanoneedling:** Nanoneedling is not indicated for the following conditions: high blood pressure, skin cancer, herpes outbreak, facial rashes, active severe acne, diabetes, keloids, skin related autoimmune disorders, Parkinson's, recent Botox treatments, pregnancy, problems with bleeding or bruising, blood thinner medications, recent microdermabrasion, vertigo, dermal filler, severe migraines, recent laser treatments, and hemophilia.
- **Skincare Products used for Nanoneedling:** AnteAge skin care is a professional medical grade skin care brand that is formulated with stem cell growth factors, cytokines, and other active ingredients designed to nourish and rejuvenate the skin. All products are cell, DNA, cruelty, paraben and dye free. Learn more at [anteage.com](http://anteage.com)

The benefits and risks of the procedure have been explained to me, and I accept these benefits and risks. The nature of my medical cosmetic condition has been explained to my satisfaction as have been any substantial or significant risks of harm. I am also aware of and accept the risk of rare and unforeseen complications which may not have been discussed and which may result from this treatment.

**DISCLAIMER**

Informed-consent documents are used to communicate information about the proposed procedure along with disclosure of risks 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.

**CONSENT**

I hereby authorize Nicole Peterson, LAc, MAcOM to perform an acupuncture facial. I have received the INFORMED CONSENT FOR COSMETIC ACUPUNCTURE FACIAL REJUVENATION, LED Light Therapy, and Nanoneedling (Optional Add On Treatment).

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 to exercise her professional judgment. 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.

I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.

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.
- D. There are certain contraindications to treatment. I have made my acupuncturist aware of any that apply to me.

**I consent to the treatment or procedure and the above listed items. I am satisfied with the explanation.**

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Health Information Patient Privacy Act (HIPPA) Notice

*This notice describes how medical information about you may be used and disclosed and how you can get access to this information.*

Each time you visit a health care provider, a record of your visit (containing your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatments) is made. This information is often referred to as your health or medical records and serves as a:

- Basis of planning your care and treatment
- Means of communication among the health professionals participating in your care
- Legal document describing the care you received
- Means by which you or a third-party payer can certify that the services billed were actually provided
- A source of information for public health officials
- An outcomes tool with which we can improve the care we deliver

Understanding what is in your record and how your health information is used helps you to ensure its accuracy; make more informed decisions when authorizing disclosure to others; and better understand who, what, when, where, and why others may access your health information.

### Understanding Your Health Information Rights

Although your health record is the physical property of the healthcare provider, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information
- Obtain a paper copy of the notice of Information practices upon request
- Inspect and obtain a copy of your health record
- Request to amend your health record
- Obtain an accounting of disclosures of your health information
- Request communications of your health Information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health Information except to the extent that action has already been taken.

We are required to:

- Maintain privacy of your health Information and abide by the terms of this notice
- Provide you with a notice as to our legal duties & privacy practices with respect to your information.
- Notify you if unable to fulfill a requested restriction on disclosure or amendment to record
- Accommodate reasonable requests you may have to communicate health information by alternative means or locations.

We reserve the right to change our practices and to make the changes effective for all protected health information we maintain. If our information practices change, we will notify you the next time you come to our office for treatment. If you have questions and would like additional information, you may contact the office. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of Health and Human Services. We will not retaliate if you file a complaint.

I understand that Ashland Family Acupuncture, LLC will use and disclose health information about me in the course of providing care to me. I understand that my health information may include information both created and received by the clinic, may be in the form of written or electronic records or spoken words, and may include information about my health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, and similar types of health-related information.

By signing below, I agree that I have reviewed this privacy practice and agree to these conditions. I will be offered a copy of this form and may request a copy at any time.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_