Patient Name: ________________________________________________________________

Date(s) of Service: __________________________________________________________

ACUPUNCTURE AND CHINESE MEDICINE TREATMENT

Treatment: _________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Chinese Herbal or Wellness Consultation: ______________________________________
__________________________________________________________________________
__________________________________________________________________________

Chinese Herbal Medicine: ___________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Pediatric Acupuncture: ______________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Balance ________  Paid ________

PIEDMONT ACUPUNCTURE + ORIENTAL MEDICINE
1415 West First Street, Winston-Salem, NC 27101
336.777.0037
www.piedmontacupuncture.com
Consent for Acupuncture and Oriental Medicine

SCOPE OF PRACTICE

The “scope of practice” for an acupuncturist in the state of North Carolina includes but is not limited to the following list of techniques:

- Use of acupuncture needles to stimulate acupuncture points and meridians
- Use of electrical, mechanical, or magnetic devices to stimulate acupuncture points and meridians
- Moxibustion (heat therapy)
- Acupressure
- Cupping
- Dermal friction technique (gua sha)
- Infra-red heating lamp
- Laserpuncture
- Chinese herbal prescription and dietary advice based on traditional Chinese medical theory

Potential risks: Side effects may include, but are not limited to pain following treatment in insertion area, minor bruising, hematoma, infection, needle sickness, broken needle, temporary discoloration of the skin, aggravation of symptoms existing prior to the treatment. Patients with bleeding disorders, pacemakers, seizure disorders, or women who are currently pregnant, please notify the practitioner. Potential benefits: Drugless relief of presenting symptoms, improved general health, elimination of the presenting problem, reduction of pain and associated symptoms.

I recognize the potential risks and benefits of these procedures as described above. With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Boyd Bailey, L.Ac. regarding cure or improvement of my condition(s). I hereby release Boyd Bailey, L.Ac. from any and all liability which may occur in connection with the above mentioned procedures, except for failure to perform the procedures with appropriate care. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

Signature of patient or legal guardian ___________________________ Date __________
Patient Confidential Information

Name: ___________________________________________________________________________________________

Address: _________________________________________________________________________________________
_________________________________________________________________________________________________

Home Phone: ____________________  Work Phone: ____________________  Cell Phone: ____________________

E-mail (never shared): ______________________________________________________________________________

Date of Birth: _____________________________________________________________________________________

Occupation: ____________________________________  Employer: ________________________________________

Referred by: ______________________________________________________________________________________

Primary Care Provider: _____________________________________________________________________________

Emergency contact: _____________________________  Relation: __________________  Phone: ________________

PIEDMONT ACUPUNCTURE CANCELLATION POLICY

To maintain the clinic’s integrity, and to ensure we can provide the best health care possible, we respectfully request that all cancellations be made with a minimum of 24 hours notice (cancellations for Monday should be received by 6:00pm previous Friday), or you may be assessed a $50.00 Missed Appointment Fee. Last minute cancellations affect our ability to serve you and other patients effectively and efficiently. Thank you for your understanding.

Signature of patient or legal guardian ____________________________  Date __________
HIPAA Notice of Privacy Practices

I, Boyd Bailey, L.Ac., dba Piedmont Acupuncture & Oriental Medicine, keep medical records of the health care services I provide for you.

You may ask to see and copy your records. You may ask to correct your records. Your records will be kept confidential unless you give me written permission to release them or I am required to do so by law.

If necessary, I will ask you to sign a consent form allowing me to use and disclose your health information for purposes of treatment, payment and healthcare operations in this office.

You may see your records or get more information about them by contacting our clinic. For more information about our privacy practices please inquire with Boyd Bailey, L.Ac.

By signing below, I acknowledge receipt of the HIPAA Notice of Privacy Practices.

Signature of patient or legal guardian __________________________________________ Date ___________
New Patient Information

Welcome to Piedmont Acupuncture & Oriental Medicine. We are a full service Traditional Chinese Medicine (TCM) clinic offering comprehensive pain and disease treatment and management, as well as individualized wellness programs. Our goal is to provide you and your family with the highest quality holistic and integrative medicine to optimize the functioning of your body, mind, and spirit in order to bring about health, happiness, and well-being.

MODALITIES

“The Five Branches of Traditional Chinese Medicine”

1. ACUPUNCTURE and MOXIBUSTION: Chinese; Japanese; Korean; French-Vietnamese; Auriculotherapy (Ear Acupuncture); Electro-acupuncture; Pediatric (“Shonishin,” non-insertive)
2. HERBAL MEDICINE: Classical Chinese Herbal Medicine; Kampo (Japanese herbal medicine); Ayurvedic and Western botanicals and nutraceuticals
3. NUTRITIONAL COUNSELING: Chinese dietary therapy; Ayurvedic and holistic West-ern Nutrition
4. TUI NA: Traditional Chinese medical massage and bodywork; also related modalities of CUPPING and GUASHA (suction & friction therapeutic techniques)
5. QI GONG: Qi (Energy) cultivation and circulation techniques; therapeutic exercise

CONDITIONS TREATED

Chinese medicine, due to its holistic nature, is very effective for a wide range of complaints. As well as symptom and disease treatment and/or management, East Asian medicine offers overall wellness support for optimal health; TCM has the ability to get to the ROOT of complex, multi-symptom health crises, potentially profoundly impacting HEALTH. The World Health Organization (WHO) recognizes acupuncture and Oriental medicine’s effectiveness in the treatment of quite a large number and wide variety of medical conditions. The scientific evidence base for acupuncture is growing and maturing, and now several health conditions are routinely treated by acupuncture.

I am especially interested in and experienced with the Chinese medical treatment of pain, gynecologic and fertility concerns, gastrointestinal conditions, and psycho-emotional distress, including mood dis-orders and stress management.
WHAT TO EXPECT

TIMING: The initial office visit requires 75 to 90 minutes, to accommodate the time required for initial interview and traditional Chinese diagnostics required for accurate diagnosis and effective treatment. Return office visits range from 60 to 90 minutes, depending on your individual needs.

DIAGNOSIS: Traditional Oriental medicine, like any form of healing, requires a diagnosis from which treatment proceeds. Diagnosis involves a medical interview, where detailed information about your main complaint, secondary complaints, and general organ function and lifestyle are gathered. Tongue examination and palpation of radial artery wrist pulses, abdomen, and limbs complete the diagnosis. Patterns of disharmony are revealed treatment follows.

TREATMENT: Treatment is non-protocol and individually tailored to fit your unique needs at the time of treatment. Many modalities and techniques are used, however, treatment usually consists of:

- **Acupuncture:** gentle insertion of hair-thin needles into specific acupuncture points. Needleless options available. Needles are typically retained for 15 to 45 minutes, depending on your individual needs. Only sterile, disposable, one-time-use needles are used to prevent disease transmission. Electro-acupuncture is often employed for pain management.

- **Moxibustion:** heat stimulation of acupuncture points by the burning plant mug-wort (Artemesia vulgaris) to increase “Yang” Qi (a specific type of Qi), enhance immunity and regulate immune response, and enhance circulation of blood and lymph to relieve and treat.

- **Asian Massage:** Chinese (Tuina) and Japanese (Shiatsu) techniques to promote smooth Qi flow, reduce pain and muscular tension, rejuvenate organ function, and enhance well-being.

- **Chinese herbal medicine:** internal ingestion (or external application) of individually prescribed classical Chinese herbal formulas to treat, prevent, and enhance. Formulas are in granules, pills, tablets, capsules, and plasters. Only pharmaceutical grade, third-party laboratory tested CLEAN herbs are dispensed.

PRACTITIONERS: Boyd Bailey, M.Ac., L.Ac., Dipl.Ac. (NCCAOM), received his Master’s of Acupuncture (M.Ac.) at the Northwest Institute of Acupuncture and Oriental Medicine (NIAOM) in Seattle, WA. He is a nationally board certified acupuncture diplomat (Dipl. Ac.) of the National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM). He has been state licensed (L. Ac.) by Washington state, where he grew a successful private practice, as well as an integrated practice with a naturopathic physician (ND). Employed at the Natural Pharmacy herbal dispensary at Bastyr University, Boyd has extensive knowledge of naturopathic and Western herbal protocols. Boyd has been involved with several non-profit community clinics throughout the Seattle area, and assistant taught both Chinese and Japanese acupuncture at NIAOM from 1997 to 1999. Since 2009, he has been a consultant for the Center for Integrative Medicine at Wake Forest Baptist Health, and is currently participating in a Wake Forest led, NIH funded clinical trial studying acupuncture for menopausal hot flashes.
FEE SCHEDULE: All typical forms of payment accepted: Cash, Check, Credit/Debit Card. Full payment is expected at time of service.

- Initial Office Visit (1.5–2 hrs) — $90.00
- Return Office Visit (1–1.5 hrs) — $70.00
- Pediatric Initial Visit — $60.00
- Pediatric Return Visit — $45.00
- Chinese Herbal Consultation only — $50.00

Treatment Packages for chronic care & Wellness (return office visits): 5 for $325.00 ($65.00/ treatment) or 10 for $600.00 ($60.00/ treatment).

INSURANCE: More insurance companies are reimbursing for acupuncture every day! Check with your insurance provider to see if you have acupuncture coverage. If so, we will provide you the necessary receipt and paperwork/ coding, and assist if necessary to secure reimbursement. Payment for services required at time of treatment.

CANCELLATIONS: Please honor our busy schedule by being prompt to appointments, and please give at least 24 hours notice to cancel an appointment. Failure to do so may result in a missed appointment charge of $50.00.