

Cleo Wolf Acupuncture  
(740) 331 - 9862  
(740) 591 - 2778

**New Patient Information Form**

Date \_\_\_\_\_

Name: \_\_\_\_\_ Gender: M F NB Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Married / Single / Other Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_ Referred by \_\_\_\_\_

Have you been treated by acupuncture before? \_\_\_\_\_

**Fees**

First Visit Clinic Fee, Traditional Chinese Medicine Diagnosis and Treatment \$150.00

Follow-up Visit Clinic Fee for Treatment \$100.00 Discounts include: \$25 Appalachia, \$10 for APL staff, \$10 for police/fire/military

Home Visit Fee Minimum \$25 plus distance and travel time

All payments are due at time of service. Accepted payments include cash and personal checks.

**Appointment Reminders**

At Cleo Wolf Acupuncture we understand that it is not always possible to keep scheduled appointments. In order to help reduce Late Cancellation or Missed Appointments, please indicate how you would like to be reminded of your appointment:

Phone Call: \_\_\_\_\_

Text: \_\_\_\_\_

Email: \_\_\_\_\_

**Personal Health History** (please elaborate if any of the following applies)

Illnesses: \_\_\_\_\_

Accidents/Falls: \_\_\_\_\_

Surgeries: List when and for what:

\_\_\_\_\_

Medicines (prescription, over-the-counter, vitamins, herbs taken in last 3 months)

\_\_\_\_\_

\_\_\_\_\_

Do you have or have you ever had an infectious disease (example: HIV, Hepatitis, Herpes, Covid 19, )?  
If so, describe:

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Do you have any of the following? Please circle the appropriate response.

Pacemaker - Yes No

Insulin Pump - Yes No

Any other battery operated device installed under the skin \_\_\_\_\_

**Main reason you are seeking acupuncture** \_\_\_\_\_

Have you been given a diagnosis for this problem? \_\_\_\_\_ By whom? \_\_\_\_\_ What was the diagnosis?

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How long have you had this problem? \_\_\_\_\_

What kinds of treatments have you tried? \_\_\_\_\_

Heat / Cold / Damp weather / Exercise - activity / Rest / morning - evening

makes it: better / no change / worse

Pain scale 1 - 10 \_\_\_\_\_ (see below)

**Secondary reason you are seeking acupuncture** \_\_\_\_\_

Have you been given a diagnosis for this problem? \_\_\_\_\_ By whom? \_\_\_\_\_ What was the diagnosis?

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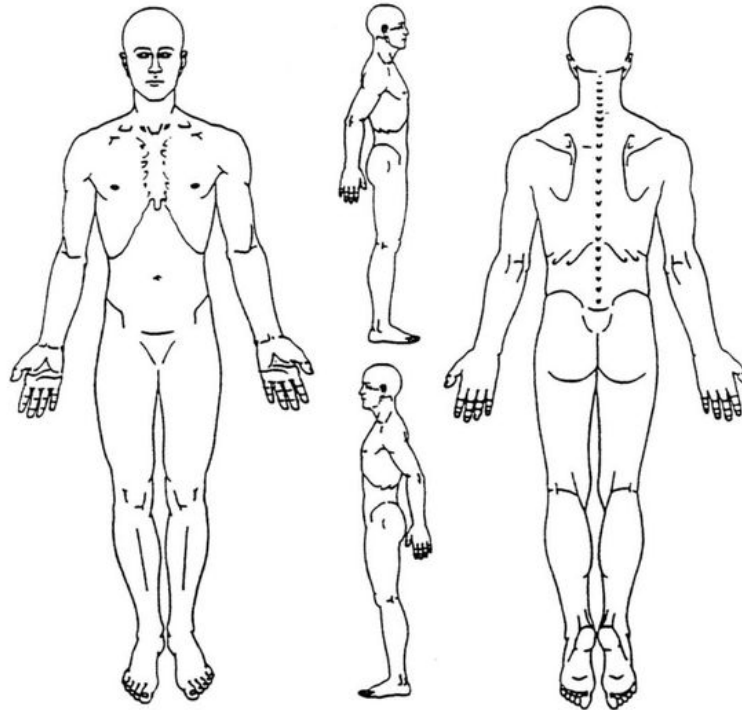
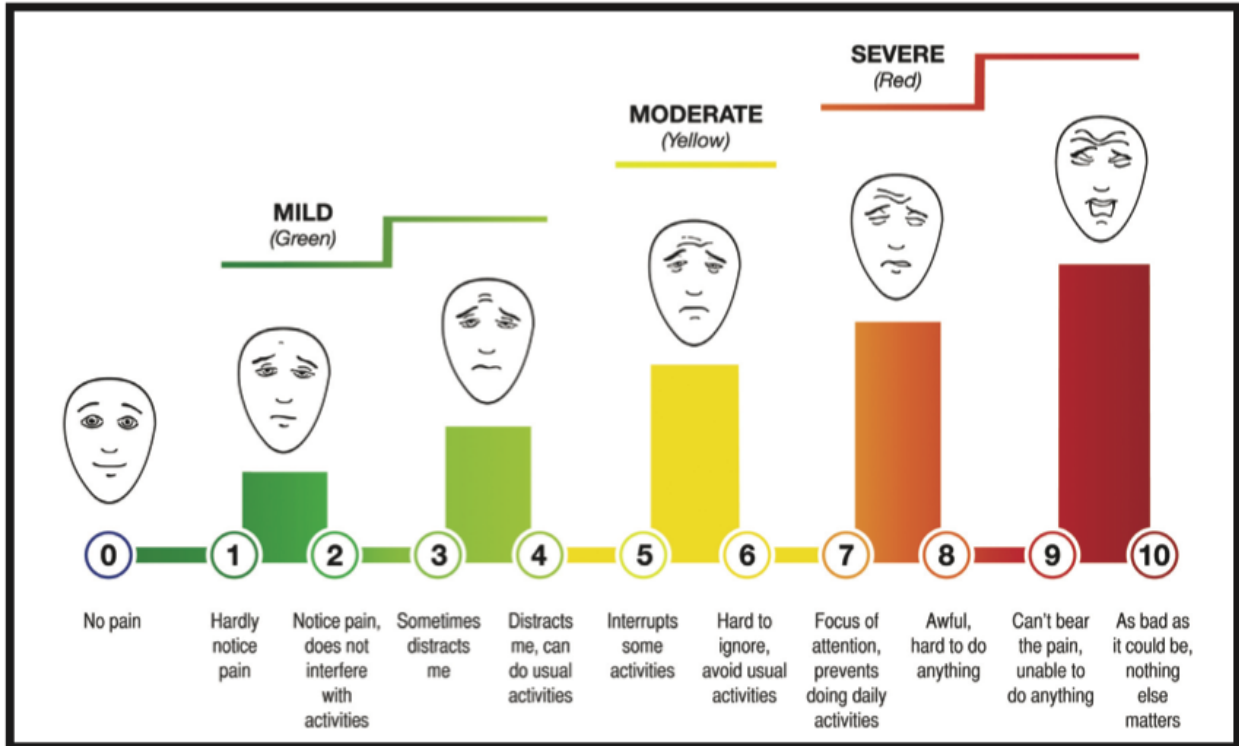
How long have you had this problem? \_\_\_\_\_

What kinds of treatments have you tried? \_\_\_\_\_

Heat / Cold / Damp weather / Exercise - activity / Rest / morning - evening

makes it: better / no change / worse

Pain scale 1 - 10 \_\_\_\_\_ (see below)



Please indicate on the diagram any type of pain or injury and describe it here: \_\_\_\_\_

Circle all that applies: Sharp Numb Dull Stabbing Aching Burning

Better with: Heat Cold Pressure

Are there any other concerns you'd like us to know about? \_\_\_\_\_

Do you have any trouble sleeping? \_\_\_\_\_

Do you wake up tired in the morning? \_\_\_\_\_

Do you have any trouble digesting your food? \_\_\_\_\_

How often do you move your bowels? \_\_\_\_\_ with ease? \_\_\_\_\_

Do you feel like you have enough energy to get through the day? \_\_\_\_\_

Is there anything else you'd like us to know about you? \_\_\_\_\_

**Informed Consent for Treatment and Care:**

I, the undersigned, understand acupuncture treatments involve the use of needles and may include other modalities such as acupressure, moxibustion, cupping, gua sha, tui na (Chinese massage) and/or electric stimulation. The risks, although limited, include puncturing organs in the abdomen or chest cavities, minor burns from moxibustion, and bruising from gua sha or cupping techniques. The duration of the treatment varies from person to person depending on their specific illness and constitution. I fully understand that there is no stated or implied guarantee of success or effectiveness of treatment after a specific treatment or series of treatments.

Acupuncture involves the insertion of special needles into particular points on the body. The purpose of this treatment is to prevent or reduce pain and to help your body function better. There are some risks to treatment, including bruising of the skin and/or slight bleeding, weakness, fainting and aggravation of symptoms existing prior to acupuncture treatment. There is little to no risk of infection when all needles are sterile. Cleo Wolf Acupuncture uses only one-time use, sterile disposable needles. I do not reuse needles, even at different areas of the body for the same person. I do not provide primary care, nor Western (allopathic) medical care. Please see your medical doctor for those services and for routine check-ups. If you are pregnant, have a bleeding disorder, pacemaker, high blood pressure, seizure disorder, local infection or have been prescribed anticoagulant (blood thinning) medications like Coumadin, by signing below you state that you have informed your acupuncturist of such conditions. 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.

With this knowledge, I voluntarily consent to the above procedures.

Print Name \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_  
Patient's Signature (or parent/guardian if patient under age 18)

**Notice of Privacy Practices (per HIPAA)**

As a health care provider, I use your health information for evaluation and treatment, to obtain payment for treatment and to evaluate the quality of care that you receive. If you are referred to another health care provider, or at your request, your medical records may be shared with those providers via paper mail, electronic mail, fax, or other methods. We will ask your written permission to release your medical information in the form of a "Release of Medical Records" form. If you choose to sign such a form, you have the right to revoke that authorization at any time. We may, however, use your health care information without your authorization for the following reasons:

1. Public health safety
2. Auditing purposes
3. Emergencies
4. When required by law

If at any time, we change our policies in regard to your information, you will be informed with a new "Notice of Privacy Practices" and be asked to sign it. You have the right to view and obtain a copy of your medical record. You also have the right to know to whom we have disclosed your medical records. If you believe the information in your record is not correct or missing information, you have the right to request that such information be corrected or added to your medical record.

\_\_\_\_\_ Please initial here to indicate you have read and understand the above policy.

**Payment and Cancellation Policies**

Full payment is due at the time of treatment unless special arrangements have been made with your provider. Some insurance companies will reimburse for acupuncture treatments. Other employers may utilize a Flexible Spending Account for nontraditional health care options. Consult your insurance carrier for the terms of your specific coverage. A receipt or superbill can be provided for your use in seeking reimbursement from your insurance company. Cancellations must be made no later than 24 hours before treatment or you will be charged for the session. We reserve the right to waive this policy.

\_\_\_\_\_ Please initial here to indicate you have read and understand the above policies.

**Covid 19 Policy May 2021**

In accordance with Ohio Law and CDC guidelines fully vaccinated patients are no longer required to wear masks. Your provider will wear a mask while in proximity. If you believe you have been exposed to infectious disease please reschedule your appointment until cleared or well. In the event you are ill you should remain home, cancel your acupuncture appointment, contact your healthcare provider, or go to the hospital if your illness is severe.

\_\_\_\_\_ Please initial here to indicate you have read and understand the above policies.