



On a scale of 1-10, rate your commitment to get rid of the problem(s) and feel better	<b>MEDICAL CONDITIONS</b> Please List conditions & surgeries you have had and year diagnosed	<b>ALLERGIES</b> Medications, Seasonal, Environmental, Food.
Have you had acupuncture before?		
If yes, where/who		
Any concerns or fears about the needles?		
If yes, what?		
What are your goals of your acupuncture visits?		
1.		
2.		
3.		

**MEDICATIONS** - Please list all prescription medications you use. Include those which you may only use occasionally.

Remember inhalers, eye

Prescription Name	Purpose	How Long	Dose	How Often	Last Dose

**SYMPTOMS – \*\*NOTE\*\*:** For each symptom you currently have, rate its severity from 1- 5 (5 being the worst). LEAVE BLANK IF NOT APPLICABLE.

<p><b>LIVER /GALLBLADDER</b></p> <p>_____ Irritability Anger</p> <p>_____ Depression Stress</p> <p>_____ Headaches Migraines</p> <p>_____ Visual Problems</p> <p>_____ Red / Dry / Itchy Eyes</p> <p>_____ Gall Stones</p> <p>_____ Dizziness</p> <p>_____ Blurred Vision</p> <p>_____ Feeling of Lump in Throat</p> <p>_____ Clenching of Teeth at Night</p> <p>_____ Muscle Cramping / Twitching</p> <p>_____ Tension</p> <p>_____ Joints/Neck/Shoulder /Pain/Tight</p> <p>_____ Poor Circulation</p> <p>_____ Soft / Brittle Nails</p> <p>_____ Emotional Eater</p> <p><b>KIDNEY/URINARY BLADDER</b></p> <p>_____ Urinary Problems</p> <p>_____ Bladder Infection</p> <p>_____ Lack of Bladder Control</p> <p>_____ Weakness / Pain in Lower Back</p> <p>_____ Decrease Bone Density</p> <p>_____ Feel Cold Easily</p> <p>_____ Low Sex Drive</p> <p>_____ Excess Sexual Desire</p> <p>_____ Poor Memory</p> <p>_____ Loss of Hair</p> <p>_____ Hearing Problems</p> <p>_____ Cavities</p> <p>_____ Craving / Avoiding Salty Foods</p> <p>_____ Fear</p> <p>_____ Hot Flush / Night Sweating</p>	<p><b>HEART/SMALL INTESTINES</b></p> <p>_____ Heart Palpitations</p> <p>_____ Chest Pain</p> <p>_____ Insomnia / Sleep Problems</p> <p>_____ Easily Startled</p> <p>_____ Restlessness / Agitation</p> <p>_____ Vivid Dreams</p> <p>_____ Lack of Joy in Life</p> <p><b>LUNG/LARGE INTESTINE</b></p> <p>_____ Dry Cough</p> <p>_____ Cough with Sputum</p> <p>_____ Nasal Discharge</p> <p>_____ Post-Nasal Drip</p> <p>_____ Sinus Infection / Congestion</p> <p>_____ Itchy, Red or Painful Throat</p> <p>_____ Dry Mouth / Throat / Nose</p> <p>_____ Skin Rashes / Hives</p> <p>_____ Snoring</p> <p>_____ Grief / Sadness</p> <p>_____ Shortness of Breath</p> <p>_____ Allergies / Asthma</p> <p>_____ Low Resistance to Colds or Flu</p> <p>_____ Sneezing</p> <p>_____ Mild Fever Comes &amp; Goes</p> <p>_____ Smoke Cigarettes</p>	<p><b>SPLEEN/STOMACH</b></p> <p>_____ Heaviness Anywhere in Body</p> <p>_____ Fatigue / Worse After Eating</p> <p>_____ Hard to Get Up in the Morning</p> <p>_____ Edema (Swelling)</p> <p>_____ Muscles Feel Tired Often</p> <p>_____ Easily Bruising &amp; Bleeding</p> <p>_____ Bad Breath</p> <p>_____ Decreased / Increased Appetite</p> <p>_____ Crave Sweets</p> <p>_____ Hypoglycemia</p> <p>_____ Difficulty Digesting Oily Foods</p> <p>_____ Nausea / Vomiting</p> <p>_____ Gas / Belching</p> <p>_____ Insulin Sensitivity</p> <p>_____ Hemorrhoids</p> <p>_____ Constipation</p> <p>_____ Diarrhea</p> <p>_____ Abdominal Pain</p> <p>_____ Indigestion / Heartburn</p> <p>_____ Over-Thinking</p> <p>_____ Tendency to Gain Weight</p> <p>_____ Brain Foggy</p>
---	--	---

2

At Academy Allergies we utilize two different methods to determine allergy sensitivities. The first method is called the NAET® system. This method uses muscle testing known as Muscle Reflex Testing (MRT). The person holds the allergen in one hand while we check the muscle response for a positive or negative reaction. If a positive reaction results we treat for that allergy sensitivity by allowing the individual to continue holding the vial of the allergen and apply a spinal percussion instrument from the lower lumbar areas to the top of the thoracic area. This procedure reprograms the brain to accept versus reject the energy signature of the allergic energetic substance.

The second method we use to determine a bio-energetic disturbance to an allergen utilizes the bio-feedback Asyra® device. This device simply replicates the bio-energetic signature and reveals if the sensitivity causes excess or deficient feedback. The application of this method can quickly and efficiently determine a multitude of reactions in a short time period and without any needles, pricks, or discomfort. Some individuals may experience an enjoyable light tingle or experience a slight metallic taste. Persons who experience anaphylaxis (severe allergic response) may suffer a reaction when subjected to either type of testing and must bring an epinephrine pen with them during treatments.

We can treat multiple bio-energetic allergen disturbances by using a Class III medical laser. This laser is non-ablative (does not change, cut, mutate the skin, nor does it burn or tan the skin), is non-ionizing (does not change or alter DNA such as x-rays), and is only a danger if shined in the eyes for a certain time period. This laser is in the same class as a laser pointer that anyone can purchase from their local business supply store. The key in using this device is that once it is programmed with the bio-energetic signature, it can be used to reprogram the body's energetic fields to accept versus reject the energy signature of the allergic energetic substance.

Both the NAET® and the Bio-energetic Asyra ® device can be combined with Auricular Medicine and pooled with MRT and bio-energetic signals to achieve a synergistic approach to get the best results to eliminate allergies. Neither of our methods are used to diagnose or treat disease. The methods determine the bio-energetic deficiencies and excesses of an allergic substance and our goal is to eliminate that disturbance. Both the NAET® and the Bio-energetic Asyra ® device advertise an excess of 99% relevance compared to blood testing for allergies using IgG, IgE, and IgM factors.

The customer may choose any of the three methods: NAET® and the Bio-energetic Asyra ®with a Class III laser, or a combined method of the first two along with Auricular Medicine. Your practitioner will assist you to determine your best course of treatment.

By eliminating all of your allergic bio-energetic disturbances do not guarantee to cure or eliminate illness or disease. Illness and disease can be experienced through genetic, physical injury, or other unknown cause. Conditions related directly to allergic sensitivities may help eliminate those difficulties.

Your practitioner is a Colorado State Licensed Acupuncturist, has a Master of Science in Traditional Chinese Medicine, holds a Doctor of Bio-energetic Medicine and a Doctor of Traditional Naturopathic Medicine, and is recognized by the American Naturopathic Medical Board as a Board Certified Naturopathic Doctor. Your practitioner also holds numerous certifications in related fields of study such as Auricular Medicine and Native American Medicine (BMD, ND).

To the best of my ability, I understand and agree to testing and treatment utilizing any of the above mentioned healing methodologies.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

## Colorado Mandatory Disclosure and Consent Form for TCM based Allergy Treatment

My therapy options have been explained to me as a treatment consisting of the lasers, acupressure, or acupuncture using needles through the skin at specific points on the surface of the body, by well-trained, licensed acupuncturists. Acupressure, acupuncture, lasers, cupping, allergy elimination techniques, nutritional or herbal counseling are considered experimental procedures and are not considered a substitute for Western Medicine. Therapies and advice offered shall not be construed by the client to be a diagnosis or treatment of any disease or injury. We recommend that you consult your physician for any serious conditions and get at least two medical opinions. It is your right and responsibility to care for your own body.

**You must notify your practitioner of any problems you have experienced with allergic reactions up to and including anaphylaxis shock!**

**Please Initial \_\_\_\_\_ . If you use an epinephrine pen you must bring it during your treatments \_\_\_\_\_ .**

I understand that (if I choose acupuncture needles) complications may result from acupuncture treatment. Among these possible complications are areas of fainting, weakness, nausea, hematoma, infection, pain and discomfort, pneumothorax, and aggravation of present symptoms. Being hungry, tired, or stressed can infrequently make the body more sensitive to the acupuncture treatment. Please tell your provider if you have any conditions that may inhibit blood clotting, such as hemophilia, or coumadin use. Please use caution walking with bare feet in the treatment room. I, the patient, further understand and agree to hold harmless, indemnify and protect against court action the individual acupuncturist/therapist as well as the management and owners of this clinic, in the event of accidental injury on premises.

We gladly accept auto claims, workman's comp, and insurance as payment as long as you process your own claim. Insurance coverage depends on your plan. Please call head of time to find out what your practitioners benefits are.

Colorado law requires all acupuncturists provide the following information to clients on their first visit:

Education, Experience, Degrees, Certificates, Credentials, Licenses, Certificates, and Registrations:

Your Practitioner at Academy Allergies: A Division of Aspen Acupuncture PC has been licensed by the state of Colorado, which requires graduation from an approved institution (a four year grad program), and pass the National Board Exam (NCCAOM) for acupuncture and oriental medicine. Your Practitioner at Academy Allergies DBA has completed a 2,850 hour program from the Colorado School of Traditional Chinese Medicine. It is an accredited school of higher learning and is recognized by the Department of Defense and the Department of Veterans Affairs for tuition re-imbusement. For more specific information about your provider, please refer to his biography, which can be found in the reception area. Your practitioner has never had any license, registration, or certification issued by any local, state or national healthcare agency, revoked or suspended. He also is a Board Certified Naturopathic Doctor recognized by the ANMA.

Cash Fee Schedule:

Initial Basic Scanning.....	\$250	Full Scan.....	\$350
Basic visit .....	\$75		
Minimum Cost per Visit .....	\$50		

\*Coupons or other special discounts may apply. All fees are due on date of service. Any questions about billing should be discussed with your provider.

This office complies with all rules and regulations promulgated by the Colorado Department Of Health related to the proper cleaning and sterilization of needles used in the practice of acupuncture and the sanitation of acupuncture offices. This office uses only single-use disposable needles, and disposes of them in a manner consistent with OSHA and Colorado State regulations. We are trained in the recommendation and application of adjunctive therapies and herbs as defined by traditional Oriental medicine concepts

Each patient who visits this office is entitled to receive information about the methods of therapy, the techniques used, and the duration of therapy, if known.

In a professional relationship sexual intimacy is never appropriate and should be reported to the Director of the Divisions of Registrations in the Department of Regulatory Agencies: The Colorado Department of Regulatory Agencies regulates the practice of acupuncture. Send inquiries to the attention of.- Director of the Division of Registrations 1560 Broadway, Suite 1545 Denver, CO 80202. Phone: (303) 894-2464. Each patient may seek a second opinion from another healthcare professional or may terminate therapy at any time. If you have any questions about any part of your treatments, billing statements, etc., please ask the office manager and tell your provider. I have read and understand the above disclosure statement. I understand my rights and responsibilities as a patient. Patient's Name (Print):

**Signature of patient or legal guardian \_\_\_\_\_ Date Signed \_\_\_\_\_**

**PROVIDER NOTICE OF PRIVACY PRACTICES**

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY. ASPEN ACUPUNCTURE, DBA AND ALL OTHER HEALTH CARE CLINICS ARE REQUIRED TO INFORM YOU, THE PATIENT, HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. THE FOLLOWING ALSO OUTLINES HOW YOU CAN ACCESS YOUR HEALTH CARE INFORMATION.

**PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW.**

As your health care provider, we use your health information for evaluation, 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 may use your health care information without your authorization for the following reasons:

- 1. Public health safety
- 2. Auditing purposes
- 3. Emergencies
- 4. At the request of your insurance carrier
- 5. When required by law

In all other circumstances, 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.

If at any time we change our policies in regard to your medical information, you will be informed with a new "Notice of Privacy Practices" form and will 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 medical record is not correct or missing information, you have the right to request that such information is corrected or added to your medical record.

If you have any questions or concerns about your medical records, please contact Robert Goodman at Aspen Acupuncture, Dba, (719) 277-7546, or you can file a written complaint with the U.S. Department of Health and Human Services. Aspen Acupuncture, Dba is required by law to protect your medical information and to provide this notice to you, along with your signature acknowledging your receipt of this information.

**AUTHORIZATION TO RELEASE INFORMATION**

I authorize Aspen Acupuncture to release any information required to process this claim to any insurance company or attorney in this case. I also authorized any insurance company or medical provider to release my medical records to the East West Health Centers. This information is to be used for the purpose of processing my claim for benefits due. I hereby agree that a photocopy of the document is as valid and effective as the original copy.

**PAYMENT AGREEMENT**

I understand it is my responsibility to process my insurance benefits directly to my insurance provider. I assume full responsibility for and agree to pay all costs, charges, and expenses of every kind and description for services furnished by Aspen Acupuncture. I must pay charges and services not covered by any insurance or other third-party payer and/or not paid to for any reason within a time period Aspen Acupuncture deems reasonable. The amount of the bill shall be due and payable upon presentation to the patient, his/her agent, guardian, conservator or third-party responsible for payment of the charges.

**CANCELLATION NOTICE**

Kindly give a 24 hour notice of cancellation. Late cancellations are subject to a 50% cancellation fee.

Patient's Name (Print):

\_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

## Colorado Mandatory Disclosure and Consent Form for Acupuncture

Acupuncture has been explained to me as a treatment consisting of the insertion of needles through the skin at specific points on the surface of the body, by well-trained, licensed acupuncturists. Acupressure, acupuncture, moxabustion, cupping, allergy elimination technique, nutritional or herbal counseling are considered experimental procedures and are not considered a substitute for Western Medicine. Therapies and advice offered shall not be construed by the client to be a diagnosis or treatment of any disease or injury. We recommend that you consult your physician for any serious conditions and get at least two medical opinions. It is your right and responsibility to care for your own body.

I understand that complications may result from acupuncture treatment. Among these possible complications are areas of anesthesia, fainting, weakness, nausea, hematoma, infection, pain and discomfort, pneumothorax, and aggravation of present symptoms. Being hungry, tired, or stressed can infrequently make the body more sensitive to the acupuncture treatment. Please tell your provider if you have any conditions that may inhibit blood clotting, such as hemophilia, or coumadin use. Please use caution walking with bare feet in the treatment room. I, the patient, further understand and agree to hold harmless, indemnify and protect against court action the individual acupuncturist/therapist as well as the management and owners of this clinic, in the event of accidental injury on these premises.

We gladly accept auto claims, workman's comp, and insurance as payment as long as you process your own claim. Insurance coverage depends on your plan. Please call head of time to find out what your acupuncture benefits are.

Colorado law requires all acupuncturists provide the following information to clients on their first visit:

Education, Experience, Degrees, Certificates, Credentials, Licenses, Certificates, and Registrations:

Your Acupuncturist at Aspen Acupuncture has been licensed by the state of Colorado, which requires graduation from an approved institution (usually, a four year program), and pass the National Board Exam (NCCAOM) for acupuncture and oriental medicine. Your Acupuncturist at Aspen Acupuncture has completed a 2,850 hour program from the Colorado School of Traditional Chinese Medicine. It is an accredited school of higher learning and is recognized by the Department of Defense and the Department of Veteran's Affairs for tuition re-imbusement. For more specific information about your provider, please refer to his r biography, which can be found in the reception area. Your acupuncturist has never had any license, registration, or certification issued by any local, state or national healthcare agency, revoked or suspended.

Cash Fee Schedule:

Initial Basic Acupuncture Treatment (incl. exam).....	\$80
Follow-up Basic visit.....	\$50
Acupuncture plus an additional modality (e-stem) (tui-na).....	\$100
Acupuncture plus two or more modalities.....	\$120

\*Coupons or other special discounts may apply. All fees are due on date of service. Any questions about billing should be discussed with your provider.

This office complies with all rules and regulations promulgated by the Colorado Department Of Health related to the proper cleaning and sterilization of needles used in the practice of acupuncture and the sanitation of acupuncture offices. This office uses only single-use disposable needles, and disposes of them in a manner consistent with OSHA and Colorado State regulations. We are trained in the recommendation and application of adjunctive therapies and herbs as defined by traditional Oriental medicine concepts

Each patient who visits this office is entitled to receive information about the methods of therapy, the techniques used, and the duration of therapy, if known.

In a professional relationship sexual intimacy is never appropriate and should be reported to the Director of the Divisions of Registrations in the Department of Regulatory Agencies: The Colorado Department of Regulatory Agencies regulates the practice of acupuncture. Send inquiries to the attention of:- Director of the Division of Registrations 1560 Broadway, Suite 1545 Denver, CO 80202. Phone: (303) 894-2464. Each patient may seek a second opinion from another healthcare professional or may terminate therapy at any time. If you have any questions about any part of your treatments, billing statements, etc., please ask the office manager and tell your provider.

I have read and understand the above disclosure statement. I understand my rights and responsibilities as a patient. Patient's Name (Print):

---

**Signature of patient or legal guardian**

---

**Date Signed**

Aspen Acupuncture, S. Robert Goodman, L.Ac.  
5145 N. Academy Blvd, Suite 110 Colorado Springs, CO 80918 (719) 277-7546  
[www.aspenacupuncture.com](http://www.aspenacupuncture.com)