

Nawei's Acupuncture Clinic  
1010 W. Colorado Ave. Suite C  
Colorado Springs, CO 80904  
(719) 632-7103

### PATIENT INFORMATION

(Please read carefully before completing.)

This clinic specializes in acupuncture care. We ask you to fill this form out for consultation and examination purposes. Examinations are done routinely to determine the nature and extent of the problem. The acupuncturist will explain the level of examination necessary for your type of condition.

Date \_\_\_\_\_, 20\_\_\_\_\_

Full Name \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status: \_\_\_\_\_ Children: \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Referred by: \_\_\_\_\_ *(Office use only)\**

Person responsible for account: \_\_\_\_\_

Complaints or existing condition: \_\_\_\_\_

Complaints secondary to these: \_\_\_\_\_

Any known allergies: \_\_\_\_\_

Current or Previous Dr. Name and Phone # \_\_\_\_\_

Doctor's Diagnosis: \_\_\_\_\_

**How would you classify your condition?**

- Minor
- Involved
- Fairly severe and/or progressively worsening.
- Serious

**Please check all of the below conditions that apply: (this is not a detailed history.)**

- |   |  |
|---|--|
| <input type="checkbox"/> Tendency to faint                  | <input type="checkbox"/> Tendency to bruise or discolor easily         |
| <input type="checkbox"/> Tendency to bleed for a long time  | <input type="checkbox"/> Have hepatitis                                |
| <input type="checkbox"/> Have AIDS                          | <input type="checkbox"/> Have high blood pressure                      |
| <input type="checkbox"/> Heart problems                     | <input type="checkbox"/> Respiratory problems                          |
| <input type="checkbox"/> Been treated by acupuncture before | <input type="checkbox"/> other therapies being undertaken at this time |
| <input type="checkbox"/> Prior surgeries                    | <input type="checkbox"/> Taking medications                            |
| <input type="checkbox"/> Hungry at the present time         | <input type="checkbox"/> Exhausted at the present time                 |
| <input type="checkbox"/> Nervous at the present time        | <input type="checkbox"/> Nutritional Supplements _____                 |
| <input type="checkbox"/> Other _____                        |  |

**What type of service do you desire?**

- Temporary relief of symptoms/pain control.
- Eradication of tendencies causing condition.
- Maintenance care—regular balancing/ "tune ups" to keep in good health.

**Are you willing to take Herbal or Nutritional Supplements?**

- No
- As Recommended with Acupuncture Treatments
- Anytime as a part of overall wellness

**PATIENT RIGHTS**

- ❖ You, as a patient, are entitled to receive information about the methods of therapy, the techniques used, and the duration of therapy, if known.
- ❖ You, as a patient, may seek a second opinion from another health care professional or may terminate therapy at any time.
- ❖ In a professional relationship, sexual intimacy is never appropriate and should be reported to the Director of the Division of Registrations in the Department of Regulatory Agencies.

**Please read and initial or sign as directed:**

<p><b>IMPORTANT:</b> Occasionally some people experience minor bleeding or a tiny bruise from gently piercing the skin. This does not adversely affect your health. On the contrary, it can promote healing.</p> <p><b>Patient Initials:</b> _____ <b>Date:</b> _____</p>
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**It Is Agreed:** With regard to medical care and services, the ATTENDING ACUPUNCTURIST will provide services to the patient to the best of his/her skill and knowledge of medical care which is possible and practical in the light of circumstance. Acupuncture may not be the best therapy for some conditions, and the ATTENDING ACUPUNCTURIST will inform the Patient of this fact during the initial consultation. The outcome of treatment may be affected in whole or in part by the actions taken or not taken by the patient. For the best possible outcome, the PATIENT will cooperate fully with the acupuncturist by following her instructions.

**It Is Also Agreed:** I agree to hold harmless this acupuncturist or to present any issue or concern of medical malpractice by letter to the acupuncturist. If taken further, it will be decided by neutral arbitration, and therewith give up my right to jury or court trial should an issue arise. Because of the differences in human consultation and response, I understand that there is no way possible to warrant the outcome of such medical care and service.

**Patient Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Consent for Acupuncture Care:**

I, the undersigned, am aware of the benefits and risks of acupuncture and give my consent for treatment. I fully understand that there is no implied or stated guarantee of success or effectiveness of a specific treatment or series of treatments.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorization to Release Information:** I hereby authorize any physician, surgeon, practitioner, registered pharmacist or other person, any hospital, any medical service organization, any insurance company or any other institution or organization to release to you and you to them any medical or other information acquired concerning my condition or other disabilities. A copy of this authorization shall be as valid as the original.

**Patients Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## Protecting Your Health Information and Your Privacy

**Dear Valued Patient,**

**This notice describes my office's policy around how medical information about you may be used and disclosed, how you can get access to this information, and how your privacy is being protected.**

**In order to maintain the level of service that you expect from my office, I may need to share limited personal medical and/or financial information with your Primary Care Provider(PCP) , Workman's Compensation (and your employer as well in this instance), insurance company, or with other medical practitioners that you authorize only.**

***Safeguards in place at my office include:***

**Policies and procedures for information handling.**

**Limited access to facilities where information is stored.**

**Requirement for third parties to contractually comply with privacy laws.**

**All medical files and records (including email, regular mail, telephone, and faxes sent) are kept on permanent file.**

***Types of information that I gather and use:***

**In administering your health care. I gather and maintain information that may include non-public personal information:**

**From your medical history, treatment notes, all test results, and any letters, faxes, emails and telephone conversations to or from other health care practitioners.**

**About your financial transactions with me (billing transactions).**

**From health care providers, insurance companies, workman's comp and your employer, and other third part administrators (e.g. requests for medical records, claim payment information).**

**You will be able to correct personal information I have collected about you, (information that can identify you – e. g. your name, address, Social Security number, etc.)**

**I value our relationship, and respect your right to privacy. If you have questions about my privacy guideline, please call me at (719) 632-7103.**

**Sincerely,**

**Dr. Nawei Jiang, PhD**

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I have read the above privacy policy.

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

Date: \_\_\_\_\_

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## **Appointment Arrival, Rescheduling, and 24-HOUR CANCELLATION POLICY**

In order for Nawei's Acupuncture Clinic to operate in a manner that is respectful of everyone's time and resources, the scheduling and arrival for appointments must be handled in a professional manner.

When you schedule an appointment, you are reserving a specific block of time to work with your acupuncturist and the care provided during that time that is reserved for your appointment. Our staff strives to be ready to see you at that reserved time. For this to happen, we ask that you arrive early enough to be checked in and complete any necessary paperwork prior to your actual appointment time. We recommend arriving 10 minutes prior to your scheduled appointment time. Late arrivals and rescheduling/cancellations of appointments will be handled in the following manner:

- If you arrive after your scheduled appointment time and any time required for check-in and completion of necessary paperwork will be forfeited from your session.
- Some appointments may be brief (15-20 minutes). Accordingly, if you arrive more than **5** minutes after your scheduled appointment time, the appointment may need to be rescheduled (this will be determined in a case by case basis by your acupuncturist) and a "late rescheduling/ cancellation fee" of \$85 will be charged.
- The clinic staff is happy to reschedule or cancel your appointment without a fee with at least 24-hour notice.
- If you do not come to your appointment or you cancel/reschedule your appointment with less than 24-hours notice for any reason, a "late reschedule/cancellation fee" \$85 will be charged.
- Payment of the "late reschedule/cancellation fee" will be required immediately.

We understand that life does not always go as planned. Accordingly, each patient will be allowed a single "late reschedule/cancellation" with no fee or penalty. Three incidents of missed or "late reschedule/cancellation" of appointments within 6-month period will result in discharge from the care of your acupuncturist.

As a courtesy we do send out automated text/email reminders for appointments. **However, you are responsible for arriving for your appointment as scheduled even if you do not receive a reminder.**

**I have read and understand the above policies and have been given the opportunity to ask questions about these policies. I recognize that scheduling an appointment at the Acupuncture Clinic indicates my understanding and acceptance of these policies and my responsibility for payment of fees incurred as described above.**

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**Signature**

**(Responsible Party Over 18 years old)**

**Date**

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## **ABOUT OUR OFFICE and SERVICES**

### **EDUCATION**

Dr. Nawei Jiang attended TCM College at Chang Chun, China, where she became an MD, then received her Masters Degree specializing in Gynecology. She later received her Ph.D. at the University of Heilong Jiang in China. During this time she was also employed with the University Hospital where she received ten years of hands on experience. Dr. Jiang immigrated to the United States in 1998, and was employed as a Professor of Acupuncture at the Denver School of Traditional Chinese Medicine, and was soon recognized as an authority in the art of healing. She started her own practice and has been treating patients for over 10 years in Colorado. She holds accreditation from The National Certification Commission for Acupuncture and Oriental Medicine.

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### **COMPLIANCE**

Dr. Nawei Jiang is licensed by the State of Colorado to practice acupuncture. The Department of Regulatory Agencies regulates the Practice of Acupuncture. The director's office is located at 1560 Broadway, Suite 1350, Denver, CO 80202 with phone numbers of (303) 894-7800 - Phone and (303) 894-7693 - Fax. This clinic complies with the rules and regulations promulgated by the department of public health with respect to the proper cleaning and sterilization of needles used in the practice of acupuncture and the sanitation of this acupuncture office. Doctor Jiang uses only one-time, single-use needles in her practice.

### **ADJUNCTIVE THERAPIES**

Nawei Jiang, as a graduate of the University of Heilong Jiang, has had 12 years of training in the application and recommendation of adjunctive therapies and Chinese Herbology as defined by the traditional oriental medical concept. Nawei Jiang is licensed by the State of Colorado to practice Chinese herbology. As a regular part of treatments, Dr. Jiang may prescribe herbal supplements.

**FINANCIAL POLICY: You are expected to pay at the time of service.** Nawei's Acupuncture Clinic will not issue credit or bill for services. This office is not a member of any insurance network or HMO, and will not bill to your health insurance companies for your treatments. Personal Injury cases (auto, workmen's comp) are handled on an individual case-by-case basis. If you have coverage for acupuncture treatments under your health insurance plan, this office will give you a Super bill form to file with your insurance company to get reimbursed to the extent your treatment is covered under your plan. Medicare and Tricare do not cover Acupuncture Treatments.

With the reduced administration costs of this self-pay system, this office gives a substantial discount to our patients as compared to the standard insurance billing code rate. In addition, we offer additional discounts for pre-payment of future treatments. Please refer to the pre-payment pricing schedule page attached, or talk to the receptionist.