

WELCOME!

SUSTAIN COMMUNITY ACUPUNCTURE AND WELLNESS CENTER provides high quality medicine (Acupuncture, herbal and nutritional consultation and medical massage) at affordable rates in a supportive community setting.

We practice a style of acupuncture which mostly uses “distal” points in the arms, legs and head to treat problems anywhere in the body. This means we will treat pain and damage away from the site of injury so it will never aggravate an existing injury or make the condition worse. Modern research has also shown choosing distal points has a more powerful effect on blocking pain, lowering inflammation, relaxing the nervous system and returning the body to health and wellness. Research in the United States (as well as thousands of years of tradition in Asia) has shown that acupuncture is most effective when it is done frequently and regularly. Your Acupuncturist will make a recommendation for the frequency of treatments to quickly restore your body to a healthy state where one to three times a week is usually the minimum required to make progress on any kind of problem. After that we encourage our patients to make acupuncture and herbs a part of their preventative medicine regimen by seeing us bi-weekly or monthly.

The purpose of our flat rate is to separate the issues of money and treatment; we want you to come in often enough to really get better and stay better! We understand that everyone’s situation is different, and our primary goal is to make acupuncture available to you as often as you need it.

Our Mission: To build a healthy community by providing affordable holistic health care including acupuncture, Chinese herbs and medical massage and educating our patients and neighbors in areas that allow them to maintain optimal health, wellness and a happy well rounded lifestyle.

What to Expect: The Sustain Community Acupuncture model.

SCA is a community acupuncture clinic. For acupuncture to be most effective, many patients need to receive it frequently and regularly. The community model supports this need, making it affordable for people to receive a course of treatment.

In our clinic we use recliners in our relaxing, tranquil Acupuncture Lounge. The environment is peaceful and comforting. Treating patients in an open setting has many benefits: it's easy for friends and family members to come in for treatment together; people enjoy feeling part of a community; patients have more control over their treatments, costs are lower, and there is an Acupuncturist present at all times to monitor the patients and assist them if they become uncomfortable or are

ready to finish their sessions. You no longer need to be left alone in a room waiting for your therapist to return and check on you.

Most Western acupuncturists treat patients on tables in individual rooms. This is not traditional in Asia, where acupuncture usually occurs in a community setting. Community acupuncture clinics represent a return to tradition. In the community setting, patients respect each others privacy, speak quietly and remain fully clothed during the treatments. In the lounge, patients sit in recliners and often find the environment so relaxing they fall asleep. Many patients prefer a community setting over private rooms because of the attention they receive, the synergistic healing energy and the living room like atmosphere created. **Private intake rooms are always available when patients have a need to talk with the practitioner privately.**

Preparing for treatment

- Please eat something light in the several hours before treatment.
- Please don't wear any perfume or heavy scents.
- Some people like to bring ipods or earplugs with them.
- Wear comfortable clothes that can be rolled to elbows and knees.
- Before your first appointment, download the new patient forms or come 10 minutes early to do paperwork.
- Remember to bring your credit card, check book or cash (**exact change, please**) for the amount you pay (\$30 per visit. On your first visit, add \$15 for new patients).

During your treatment

- Please remember that any talking is done in muted, low voices to keep the environment peaceful for everyone.
- Turn off all electronic devices off. Please no phone calls or text messages and even vibrating phones can disturb others
- There is an expectation of personal privacy, please respect others as well

What to expect at your treatment

During your first office visit, you will come early to complete paperwork. You'll meet your practitioner and talk about a course of treatment. The number of treatments necessary will depend upon your condition, if your symptoms are chronic or acute and your health in general.

You'll head to the the Acupuncture lounge, select a chair, take off your socks and shoes, and relax. The acupuncturist will feel your pulse and look at your tongue, which help determine how you'll be treated.

Your acupuncture treatment might include points on your arms, legs , and/or head and neck. Because acupuncture channels flow across the entire body it is

possible to treat back problems, for example, with points on the hands and feet. You will remain fully clothed. Please do wear loose clothing that can comfortably roll up to your elbows and knees.

At Sustain Community Acupuncture, we use a pain free method of acupuncture that is both deeply relaxing and highly effective in treating most conditions. People experience acupuncture differently, but most feel a deep relaxation after the needles are inserted. Acupuncture needles are single use sterile, metallic, solid, and hair-thin. Some people feel energized by treatment, while others feel deeply relaxed and all treatments are pain free.

You will relax with your needles in for at least 20 minutes. The average is 45 minutes to an hour. You decide when you feel "done" and will make eye contact with the acupuncturist, who will pull your needles. If you fall asleep, you are "done" when you wake up.

You'll be receiving treatment with other people, who are also relaxing. We keep the atmosphere quiet, and speak in whispers, if at all.

One big reason that we are able to keep our prices so low is because of the extraordinary amount of marketing our patients do on our behalf -- we don't have to advertise. We cannot express how grateful we are for this. Our patients are such effective marketers because they have first-hand experience of how well acupuncture works. All of our satisfied patients basically made a commitment to a course of treatment.

Sustain Community Acupuncture

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Flat rate Acupuncture & Herbal Consultation

\$30 a treatment
\$15 one time paperwork fee

Date: _____

All information is confidential.

First Name: _____ Last Name: _____

Sex: M / F Date of Birth: _____ SSN: _____

E-Mail: _____

Primary Phone: _____ (work/home/mobile)

AlternatePhone: _____ (w/h/m) Fax: _____

Is it okay to leave a detailed message on your home answering machine? Yes / No

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____

Emergency Contact: _____ Phone: _____

How did you hear about us/ Referred by: _____

Have you had acupuncture before: Yes/ No When? _____ With Whom: _____

Sex: M/ F/ Trans Height: _____ Weight: _____ Age: _____

Relationship Status: Married/ Partnered/ Divorced/ Widowed/ Single Children: _____

24 Hour Cancellation Policy

Sustain Community Acupuncture Takes pride in the quality of care it offers patients.

In order to serve our community and ensure that all patients can be seen in a timely fashion, there is a strict cancellation policy. We require a 24 hour notice of Cancellation prior to any missed appointments. If sufficient time is not given, the full fee will be charged to the credit card on file.

I, _____, acknowledge the importance of notifying the clinic in advance of any missed appointments and authorize the charge of my credit card on file for any Cancellation fees or related charges.

CC type: _____ CC#: _____

Expiration Date: _____

I have read the **welcome letter** and understand that I will be treated in a community setting where my privacy will be respected, and I will respect the privacy of others. I further understand I may request a private intake with the acupuncturist at any time.

X. _____(signature)

All information is confidential.

Reason for your visit today:

How long have you suffered from the condition and how will resolving this affect your life? _____

Past Medical History:

I am currently under the care of a doctor for: _____

Cancer:	Seizures
Diabetes:	Rheumatic Fever
Hepatitis:	Emotional Disorders
Heart Disease:	Infectious Disease
High Blood Pressure:	Tuberculosis

Gonorrhea: Syphilis: AIDS: HPV: Chlamydia: Herpes:

Are you taking coumadin / warfarin: Yes, No.

Do you have a pacemaker: Yes, No.

Patient Management:

List 5 Health and Wellness complaints, Challenges or Injuries:

1: _____

How does it affect your life: _____

2: _____

How does it affect your life: _____

3: _____

How does it affect your life: _____

4: _____

How does it affect your life: _____

5: _____

How does it affect your life: _____

**CONSENT TO THE USE AND DISCLOSURE OF HEALTH INFORMATION
FOR TREATMENT, PAYMENT, OR HEALTHCARE OPERATIONS**

NAME _____

BIRTHDATE _____ **SOCIAL SECURITY #** _____

I understand that as part of my healthcare, this organization originates and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment and any plans for future care of treatment.

I understand that this information serves as:

- A basis for planning my care and treatment.
- A means of communication among the many healthcare professionals who contribute to my care.
- A source of information for applying my diagnosis and surgical information to my bill.
- A means by which a third-party payer can verify that services billed were actually provided.
- A tool for routine healthcare operations such as assessing care quality and reviewing the competence of healthcare professionals.

I understand that I have the right:

- To object to the use of my health information for directory purposes.
- To request restrictions as to how my health information may be used or disclosed to carry out treatment, payment or healthcare operations – and that the organization is not required to agree to the restrictions requested.
- To revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereupon.

I request the following restrictions to the use of disclosure of my health information: _____

Patient:

X _____
Patient Signature or Legal Representative Date

Office Use Only:

Accepted _____
 Denied Signature Title Date

All information is confidential.