

WELCOME TO STREAMS OF GRACE CLASSICAL CHINESE ACUPUNCTURE!

This packet contains the Welcome Letter with information on what to expect at your first appointment, the Fee Schedule, and the Patient Health History Form. Please take some time to read through this introduction, complete the intake forms before your first appointment. We are delighted to be your partner in your healing journey.

Tips and information on the day of your first appointment:

- Please do not wear any perfume, cologne or scented lotions.
- Wear loose, comfortable clothing with sleeves that can be rolled up to the elbows and pants that can be rolled up to the knees. (this is specially applicable for our community style setting)
- Patients can also bring their own loose clothing to change at site.
- Please eat a little something beforehand. Acupuncture is not recommended on an empty stomach.
- Don't plan to engage in any strenuous activity after receiving acupuncture. Gentle exercise, such as tai chi, gentle yoga or walking, is best.
- Please be aware that we require 48 hours notice for appointment cancellation. If less than 48 hours notice is given or an appointment is missed without advance notice, full treatment fee will be assessed except a medical emergency, severe weather, or direct family emergency issues.
- Please bring a check or cash with you; we are unable to accept debit or credit cards currently.

What is unique about STREAMS OF GRACE CLASSICAL CHINESE ACUPUNCTURE?

- We offer acupuncture services both in community style as well as individual whole body full service style.
- Affordable service fee. We are on a mission to make acupuncture affordable and effective. By offering the affordable service fee, we hope the patient can afford more frequent treatments and experience better therapeutic results.
- Community style service fee: \$50 for regular patient, \$45 for senior citizen (70 years old or above), new patient needs additional \$10 for initial documentation fee. (The new rate will be effective starting June. 1, 2022)
- Individual whole body full service fee: \$100, new patient is \$150. (The new rate will be effective starting June. 1, 2022)
- Our acupuncture style is based upon Classical Chinese Medicine practice and training. For more information about Classical Chinese Medicine, please visit Jung Tao School of Classical Chinese Medicine at <http://www.jungtao.edu> as well as Dr. Hai-Sha Ni.
- We believe the healing is coming from above and from within. You come to us through divine connection and we are on a mission to fulfill the calling to be God's healing hands to empower you to restore your health and to renew your spirit so that you can fulfill God's purposes in your life.

The healing has begun, Be well!

STREAMS OF GRACE Staff

恩典之泉經典中醫

STREAMS OF GRACE

Patient Health History

Patient Information	Contact Information
Name _____	Home phone _____
Date _____	Work phone _____
Address _____	Cell phone _____
City State Zip _____	Email _____
Age _____ Birth Date _____	Would you like to be added to our email newsletter list? _____
Occupation _____	Emergency Contact:
Company Name _____	Name _____
Primary Physician _____	Relationship _____
How did you hear about us? _____	Phone _____
Health History	
<p>What are your primary concerns for coming in for treatment?</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>How is your sleep? _____</p> <p>How is your digestion? _____</p> <p>How is your energy level overall? _____</p> <p>How is your stress level? _____</p> <p>Check illnesses that have occurred in blood relatives:</p> <p>Diabetes ___ High blood pressure ___ Stroke ___</p> <p>Cancer ___ Heart Disease ___ Kidney Disease ___</p> <p>When was your last complete medical exam? _____</p> <p>List any supplements or medications you are taking:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Check symptoms you have or have had in the last year:</p> <ul style="list-style-type: none"> ▪ Depression ▪ Difficulty focusing ▪ Dizziness ▪ Easily startled ▪ Excessive worry ▪ Excessive anger ▪ Excessive fear ▪ Fatigue ▪ Headaches ▪ Loss of sleep/poor sleep ▪ Weight gain or loss ▪ Irritability ▪ Anxiety ▪ Feeling overwhelmed <p>Check conditions you have or have had in the past:</p> <ul style="list-style-type: none"> ▪ AIDS/HIV/Hepatitis (A,B, C,D,E) ▪ Allergies ▪ Anemia ▪ Arthritis ▪ Bleeding disorders ▪ Cancer: _____ ▪ Diabetes <p>List serious illnesses, accidents or surgeries: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Health History...continued

Check symptoms you have or have had in the last year:

CARDIOVASCULAR

- Chest pain
- Hardening of arteries
- High or low blood pressure
- Poor circulation
- Heart attack
- Rapid/irregular heart beat
- Swelling

EYES/EARS/NOSE/THROAT/RESPIRATORY

- Asthma
- Blurred or failing vision
- Difficulty breathing
- Earache
- Enlarged glands
- Eye pain
- Frequent colds
- Hay fever
- Hoarseness
- Gum trouble
- Nosebleeds
- Loss of hearing
- Persistent cough
- Ringing in ears
- Sinus problems

SKIN

- Boils
- Bruise easily
- Dry skin
- Itching/rash
- Sensitive skin
- Sore won't heal
- Sweating

GENITOURINARY

- Frequent urination
- Blood in urine
- Urinary incontinence
- Kidney infections/stones
- Low libido

GASTROINTESTINAL

- Belching, gas or bloating
- Constipation
- Diarrhea
- Difficulty swallowing
- Distension of abdomen
- Excessive hunger
- Gallbladder problems
- Hemorrhoids
- Indigestion
- Nausea
- Stomach pain
- Poor appetite
- Vomiting

FOR MEN:

- Erectile dysfunction
- Prostate problems

FOR WOMEN:

- Bleeding between periods
- Painful periods
- Clots in menses
- Excessive menstrual flow
- Irregular cycle
- Menopausal symptoms
- PMS
- Previous miscarriage
- Scanty menstrual flow
- Infertility
- Could you be pregnant? _____

MUSCLE/JOINTS/BONE

- Tremors
- Cramps
- Swollen joints

Pain, weakness, or numbness in:

- Arms
- Hips
- Back
- Legs
- Shoulders
- Neck
- Hands
- Feet
- Other _____

Signature _____

The information on this form is correct to the best of my knowledge.

Signature _____ Date _____

STREAMS OF GRACE

Fee Schedule

STREAMS OF GRACE Classical Chinese Acupuncture is on mission to make Classical Chinese acupuncture affordable and effective to as many people as we can. So our clinic offers two treatment models (community style and individual whole body full service style) to our patient community. For patients with financial resources, we offer affordable rates with community style acupuncture. Patients usually have their own private room lying comfortably on a massage table for treatment on body areas below knees and elbows, on the head and ears. For patients seeking personal one to one care and whole body full service treatment, we offer an individual whole body full service treatment model. For community style treatment, acupuncture is the only treatment method will be used. For individual whole body full service style, treatment tools include acupuncture, fire cupping, dry cupping, wet cupping, bloodletting, Gua Sha (spoon scraping), Pai Sha (patting), Tui Nai (Chinese style acupressure massage) and moxibustion. The best way to understand the treatment result with each different treatment model is to give each model a try so you can experience each treatment model fully.

Community Style Acupuncture Fee Schedule/Office Hours:

Date of the Week: Monday, Wednesday, Friday 9:00 AM- 5:00 PM

Regular Rate: \$50. Senior Citizen Discount Rate: \$45. New Patients need an additional \$10 initial documentation fee.
Senior Citizen definition: 70 years old or above

Individual Whole Body Full Service Style Acupuncture Fee Schedule/Office Hours:

Date of the Week: Monday, Wednesday, Friday 9:00 AM- 5:00 PM

New patient treatment: \$150. (90 minutes session)

Follow-up treatment: \$100. (60 minutes session)

Cancellation and Reschedule an Appointment policy:

We will be appreciated for 48 hours advance notice if you need to cancel or reschedule an appointment. All appointments that are rescheduled or cancelled less than 48 hours advance notice or missed without notice will be charged a full session fee based upon the treatment style to their credit card on file automatically. Personal medical emergency, severe weather or direct family emergency will be exempted from the charge.

By signing this form below, I am agreeable to the outlined service fee and accepted the cancellation policy.

Thank you very much for your understanding,

STREAMS OF GRACE STAFF

Print Name

Signature

Date