

North Shore Community Acupuncture

Affordable Care for a Healthy Community

Community Acupuncture is done in a clinic setting where several people are being treated at the same time in a large room. By doing so we are able keep the cost down, making acupuncture more affordable.

Patient Preparation

Please arrive 10-15 minutes before appointment. Wear comfortable clothing that can be easily rolled up and doesn't restrict movement. Avoid wearing heavy makeup. To maintain the peace in the clinic space we ask that everyone:

- Respects the privacy of others
- Refrain from wearing fragrances
- Keep voices low
- Please turn off your cell phone

At NSCA we strive to offer the best individual care possible to every client. We are committed to offering a full spectrum of acupuncture and related services at low, competitive rates, in order to help you achieve your healthcare goals.

The sliding scale system works by offering a price range that can fluctuate from person to person and can even differ each time you come in for treatment. The patient chooses a price based on the sliding scale, taking into account how many visits you need and what you can afford. Our hope is that the sliding scale will allow you to make room in your budget for regular acupuncture treatments.

Deciding What to Pay

We ask that you consider the following: the purpose of our clinic is twofold – we want to provide affordable acupuncture treatments for you so you may come often enough to get better and stay better AND we want to provide a living wage for our practitioners. We trust you will value the treatments you receive and will pay what you can afford.

We understand that everyone's situation is different. Some in our community will pay less; others will pay more. If your circumstances change, you may change what you pay, either less or more. It is up to you. There is no requirement for income verification.

The clinic fees are our sole source of income. We train and maintain an all-volunteer reception staff to reduce our overhead. Referrals also help to keep our costs low so that we don't have to spend a lot of money on advertising and marketing. Low overhead is key to a successful and busy community acupuncture clinic; it also means that we can keep our fees affordable. Your referrals are very important and allow our clinic to grow and thrive. We thank you for sharing our vision of care within the community.

Payment Options

We prefer cash or checks in order to keep our expenses low, but we also accept credit and debit cards. Payment is due at the time of service.

Community Acupuncture Fees

Initial Acupuncture Visit: \$40 - \$60

Acupuncture Follow-up: \$30 - \$50

Cupping Therapy & Acupuncture: \$40 - \$60

Moxa Therapy & Acupuncture: \$40 - \$60

Gua Sha & Acupuncture: \$40 - \$60

Initial Visit, Herbal Consult: \$40 - \$60

Herb Follow-up: \$30 - \$50

Herb Follow-up with Acupuncture: \$40 - \$60

North Shore Community Acupuncture
950 Cummings Center, Suite 103x ~ (781) 269-2287
www.NSCAcupuncture.com

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Date: ___ / ___ / ___

Name (First, Last): _____ DOB: ___/___/___ Age: _____

Address: _____ City/State: _____ Zip Code: _____

Phone: _____ Cell: _____ Email: _____

Occupation: _____ Referred by: _____

Main Concern:

Injuries/Surgeries:

Energy Level (scale 1 – 10): _____ **Stress** (scale 1 – 10): _____

Main Cause of stress: _____

Emotions *(circle all that apply)*

Irritability Depression Anxiety Mood swings Other _____

Sleep *(circle all that apply)*

Hard to fall asleep Hard to stay asleep Restlessness Insomnia Grinding/Clenching teeth

Hours per night: _____ Do you feel rested after sleeping: Yes / No

Digestion *(circle all that apply)*

Poor appetite Excessive hunger Gas Bloating Heartburn Acid reflux Abdominal pain Belching
Nausea Vomiting Bad breath Constipation Diarrhea Bowel movements: _____ time(s) every _____
day(s).

Urination *(circle all that apply)*

Dark Light Clear Urgent Frequent Number of times per night: _____

Men's Health *(circle all that apply)*

Erectile dysfunction Prostate problems Testicular pain/swelling Low libido

Women's Health *(circle all that apply)*

Are you pregnant? Yes / No Total number of pregnancies: _____ Live births: _____
Age of first period: _____ Date of last period: ___/___/___ Length of period: _____ Length of full cycle: _____
Are cycles regular? Yes / No
Menopause: Hot flashes _____x/day Night sweats _____x/week

Do you experience: Yeast infections Vaginal dryness Low libido (sex drive) Spotting Clots Heavy flow
Light/Scanty flow PMS Cramps Breast tenderness Mood swings Sadness Bloating

Head and Body

Headaches Migraines Eye pain/strain Eye floaters Dry eyes Itchy eyes Allergies Asthma
Shortness of breath Eczema Dry/Itchy skin Psoriasis Rosacea Rashes Hair loss
Mouth sores Frequent colds/flu Low Immunity TMJ Dizziness Light-Headedness
High/Low Blood pressure Poor memory Brain fog Heart Palpitations Irregular heartbeat Tinnitus
Heart disease Poor circulation cold hands/feet Body temperature runs hot/cold

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HABITS

Exercise (type, frequency and amount): _____

Coffee and/or Tea: Yes / No, If yes: _____ times per day / week

Alcohol: Yes / No - If yes: _____ times per day / week

Soda: Yes / No - If yes: _____ times per day / week

Tobacco: Yes / No - If yes: _____ times per day / week

Drugs: Yes / No - If yes: _____ times per day / week

Current Medications (*prescriptions and supplements*)

Allergies

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North Shore Community Acupuncture, LLC Policies

Informed Consent to Treatment

I understand that acupuncture, moxibustion, cupping therapy and other therapies performed at NSCA are performed by the insertion of needles through the skin, by the application of heat, rubbing or suction on the skin in an attempt to treat bodily dysfunction or diseases, to modify or prevent pain perception, and to normalize the body's physiological functions. I am aware that certain adverse side effects may result. These could include, but are not limited to: local bruising, minor bleeding, fainting, pain or discomfort, and the possible aggravation of symptoms existing prior to acupuncture treatment. I understand that no guarantees concerning its use and effects are given to me and that I am free to stop or refuse the treatment at any time. I understand that if I receive direct moxibustion as part of therapy, there is a risk of burning or scarring from its use.

I understand that acupuncturists practicing in the state of Massachusetts are not primary care providers and that regular primary care by a licensed physician is an important choice that is strongly recommended by this clinic. If you have, or think you may have a serious condition please visit your primary care physician or local emergency room. I understand that all treatments at this facility are therapeutic in nature. I agree to communicate to the therapist any physical discomfort or draping issues during the session.

Photographs may be taken during evaluation. These will be used for physical comparison purposes and as educational tools. I consent to the use of these photographs in a professional manner.

Cancellation and No Show Policy

It is required that all cancellations occur at least 24-hours prior to your scheduled appointment time. Missed appointments can interfere with your progress in treatment. Also, when an appointment is missed without canceling within a 24-hour time period, we do not have the opportunity to offer that time to someone else in need of services. To ensure that North Shore Community Acupuncture best meets the needs of all, it is our policy that patients are responsible for all appointments they have scheduled.

If you do not cancel prior to 24-hours of your appointment or you do not show up for your appointment there will be a fee of \$30. Extenuating circumstances and special situations will be reviewed on an individual basis per the discretion of North Shore Community Acupuncture, LLC.

Payment Policy

We prefer cash or checks in order to keep our expenses low, but we also accept credit and debit cards. Payment is due at the time of service.

Consent for Purposes of Treatment, Payment and Health Care Operation

I understand that North Shore Community Acupuncture, LLC will maintain my privacy to the highest standards and may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment.

I hereby give my consent for the use of email, voice and/or text messaging to communicate about my care at North Shore Community Acupuncture, LLC including pending appointments. I understand that such communications may include personal healthcare information and that such transmissions are not encrypted. Such communications are limited to me and parties with whom I give written permission to communicate. At no time will such contact information be shared or publicized. I understand that I retain the right to revoke this consent by notifying the practice in writing at any time.

I have read this policies and understand the risks involved and agree to fully cooperate, participate in all procedures, and comply with the established plan of care. I do hereby agree and give my consent for North Shore Community Acupuncture, LLC to furnish care and treatment that is considered necessary and proper in diagnosing and treating of my physical condition. I verify that I have read and understand the cancellation and no show and payment policy.

Signature: _____ Date: _____

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