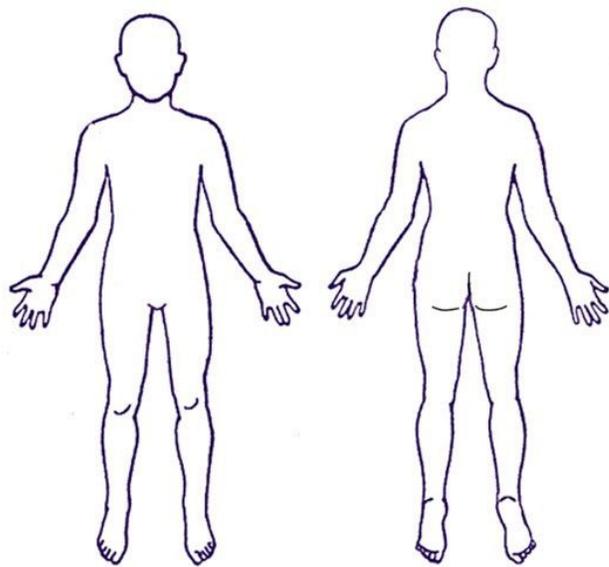


Maryland Community Acupuncture, LLC
2548 Fleet St Baltimore MD, 21224 (410) 276-5050

Intake and Consent

Name _____ Date _____
Address _____
City _____ State _____ Zipcode _____
Primary Phone _____ Email _____
Birthdate _____ Occupation _____
Have you had acupuncture before? _____ Preferred pronoun _____
Emergency Contact/Phone _____
How did you hear about us? _____

| | | | | | | | | | | | | | |
|---|--------------------|---|---|------------------------|---|---|--------------------|---|---|------------------------|---|---|--|
| <p>Reasons for seeking treatment:</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>Please circle one:</p> <table><tr><td>Trouble with sleep</td><td>Y</td><td>N</td></tr><tr><td>Trouble with digestion</td><td>Y</td><td>N</td></tr><tr><td>Frequent headaches</td><td>Y</td><td>N</td></tr><tr><td>Could you be pregnant?</td><td>Y</td><td>N</td></tr></table> | Trouble with sleep | Y | N | Trouble with digestion | Y | N | Frequent headaches | Y | N | Could you be pregnant? | Y | N | <p>Mark any areas of concern:</p> <p>R L L R</p>  |
| Trouble with sleep | Y | N | | | | | | | | | | | |
| Trouble with digestion | Y | N | | | | | | | | | | | |
| Frequent headaches | Y | N | | | | | | | | | | | |
| Could you be pregnant? | Y | N | | | | | | | | | | | |

History of injuries/serious illnesses/surgeries:

_____ Turn Over---->

Office notes _____

Informed Consent

Acupuncture involves the insertion of thin, solid needles in particular points on the body. The purpose is to prevent or reduce pain and to help the body function better. I voluntarily consent to receive acupuncture treatments from the acupuncturists at Maryland Community Acupuncture.

I understand that acupuncture is safe but there may be minor side effects such as pain in the treatment area, bruising, bleeding, faintness, or possible worsening of symptoms for 24-48 hours before improvement begins. Guarantees can never be made about any treatment.

If I am pregnant or become pregnant, I will notify my practitioner immediately.

I intend this consent form to cover the entire course of treatment for my present condition(s) and any future condition(s) for which I seek treatment.

Maryland Community Acupuncture Policies

Maryland Community Acupuncture is a low-cost, high volume acupuncture clinic. We make every attempt to make acupuncture available to as many people as possible at the most affordable rates. **There is a \$10 fee for any appointments that are cancelled or missed with less than 24 hours notice.** Emergencies will be considered on an individual basis.

If I need a receipt, I will ask for one on the day of service. Maryland Community Acupuncture cannot provide back-dated receipts or yearly statements.

I will always wear shoes when walking anywhere in the clinic. Maryland Community Acupuncture doesn't want anyone to step on a stray needle that may have fallen on the floor.

I have read this form and had a chance to ask any questions. By signing below, I agree to the above informed consent and policies.

Signature: _____ Date: _____