

Full Spectrum Health Care

Stewart Cohen, PhD, LAc

PRACTICE INFORMATION

Public Safety Policies:

In order to provide maximum safety, I use sterile disposable needles on all clients and "Clean Needle Technique," an NCASC-approved set of guidelines that minimize the risk of disease transmission.

Instructions for Acupuncture:

1. Please wear loose-fitting clothes for your treatment. Bring shorts if you can.
2. Try to arrive a few minutes early to ensure a relaxed visit. If you arrive very late, your appointment will be fit into the available time schedule or rescheduled in order not to inconvenience other clients.
3. Please avoid alcoholic beverages for the day and night following your treatment.
4. Any person with a pacemaker or bleeding disorder must notify us prior to any treatment.

Financial Policy:

Evaluation and treatment is \$140 for the first session and \$90/session thereafter. Payment in full is due at the time of service. Please call at least a day in advance if you need to cancel or reschedule an appointment. You will be charged a \$40 fee for a missing an appointment without providing 24-hour notice, except in an emergency.

CONSENT FORM FOR ACUPUNCTURE **(And acknowledgement of regulations regarding this practice)**

I hereby authorize Stewart Cohen to treat me using Acupuncture and Oriental Medicine. I understand that this includes the use of acupuncture, acupressure and Oriental bodywork, moxibustion, cupping, and other methods to stimulate acupuncture points and meridians, as well as dietary and herbal recommendations based on Oriental medical theory. I recognize that there are potential risks involved with acupuncture, such as discomfort, minor bruising, or infection at the site of needle insertion, needle sickness, or temporary worsening of my symptoms. I also recognize that while acupuncture therapy provides the potential benefits of painless and drug-free relief of my presenting condition and prevention of recurrences, there is no implicit guarantee of a cure from this therapeutic approach.

I understand all the information on this page and give consent for treatment.

I acknowledge that I have been shown and have access to:

- The Regulations regarding unprofessional conduct,
- The Procedure for filing a complaint, and
- The Notice of Privacy Practices for Protected Health Information.

Signature of Client and/or Guardian

date

Client Name (printed)

Can we leave messages for you on your answering machine? *circle:* **no** **yes** (home) **yes** (work)

Can we leave messages for you with people who answer your phone? *circle:* **no** **yes** (home) **yes** (work)

(Note: messages usually concern appointment times, or answers to your questions)