



Integrative AOM

Integrative Acupuncture & Oriental Medicine, LLC

156 Main Street, Suite 103

Montpelier, VT 05602

www.acupunctureinvermont.com

Tel: 802-223-0954

Fax: 802-223-6728

Email: info@integrativeaom.com

Confidential Health Intake Form

Today's Date: ___/___/___

Welcome to Integrative Acupuncture and Oriental Medicine!

Please help us provide you with a complete evaluation by taking the time to fill out this questionnaire carefully.

All of your answers will be held confidential, unless you sign a waiver allowing your records to be released.

If you have any questions, please ask.

Name: _____ Preferred Name: _____ Date of Birth: _____ Gender: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Email _____

Would you like to receive our monthly electronic newsletter? You will receive wellness tips, recipes, promotions and acupuncture news. Please be assured we never share your email address. Y N

How would you like to be reminded of upcoming appointments? Email Phone Text

Emergency Contact: _____ Relationship: _____ Phone: _____

Primary Care Physician and Phone: _____

Other Physicians: _____

*IAOM providers work closely with physicians, **initial here** if you would like us to contact your providers listed above with information about your acupuncture care: _____*

Referred by: (provider, newspaper, friend, web, other): _____

Social Security Number (***only** required for billing Veteran's Affairs): _____

Employer and Work Status: _____

General Information

Is this condition related to an accident? Y N Type (auto, work, other)_____

Date of Accident:

Have you ever been treated by acupuncture or Oriental Medicine before? **YES** **NO**

What is/are the main problem(s) you would like us to help you with:

How long ago did this problem/s begin?

Is there a known cause/instigating factor for your problem?

Have you been given a diagnosis for this problem? If so what?

What kinds of treatment have you tried?

What seems to help the most?

What seems to aggravate the condition the most?

Please list all medications and supplements you are currently taking.

Please list any allergies you have.

The providers at IAOM are in network with CIGNA and Blue Cross/Blue Shield, we also accept workers compensation programs and other personal injury plans. We will bill other insurance companies out of network as a courtesy to our patients if the plan includes acupuncture.

Insurance Information

(Do not complete if you do not have acupuncture coverage)

Insurance Co.

Subscriber Name

Subscriber DOB

Relationship To Patient

Group Number

ID Number

Secondary Insurance Company/MEDICARE

ID Number

Case Worker (Workers Comp)/Case #

Contact Number

Assignment of Benefits: I certify that I am covered under the above insurance policy and assign benefits directly to Integrative Acupuncture & Oriental Medicine, LLC. I understand that I am financially responsible for all charges whether or not they are paid by insurance. I authorize the use of my signature on all insurance submissions. I give Integrative Acupuncture & Oriental Medicine, LLC permission to exchange information with the above named insurance company and my other health care providers for purposes of billing and coordination of care.

Signature

Date

Print Name

Relationship to Patient (if applicable)

Patient Fee Schedule & Cancellation Policy

Below is a copy of our patient fee schedule. We discount these service fees by 40% of the billed amount for time of service (non-insured) patients. If you have any questions about our billing, please ask at the front desk.

Time of Service Patients initial visit fee \$95

Time of Service Patients return visit fee \$75

NEW PATIENT				ACUPUNCTURE			
CODE	U	DESCRIPTION	FEE	CODE	U	DESCRIPTION	FEE
99201		OFFICE VISIT BRIEF	\$50.00	97810		W/O ELECTRIC STEM	\$70.00
99202		OFFICE VISIT LTD	\$90.00	97811		ADDITIONAL 15 MINUTES	\$60.00
99203		OFFICE VISIT INT.	\$125.00	97813		W/ ELECTRIC STEM	\$80.00
				97814		ADDITIONAL 15 MINS	\$60.00
ESTABLISHED PATIENTS				THERAPY			
99211		OFFICE VISIT BRIEF	\$30.00	97026		INFRARED 1 + AREAS	\$15.00
99212		OFFICE VISIT LTD	\$55.00	97140		MANUAL THERAPY	\$50.00
99213		OFFICE VISIT INT	\$95.00				
				97530		THERAPEUTIC ACTIVITIES	\$25.00
				97032		ELECTRIC STEM	\$28.00
				97112		NEUROMUSCULAR RE-ED	\$25.00
				97110		THERAPEUTIC EXERCISE	\$26.00
				97139		UNLISTED THERAPY	\$35.00
				97010		HOT/COLD PACKS	\$15.00

Please read and sign our Cancellation Policy below:

Payment is due at time of service. Co-pays are due at time of service. We require 24-hours notice of cancellation for Tuesday through Saturday appointments, we require Monday appointments to be cancelled by 5PM the previous Friday; cancellations after these times are subject to a \$40 fee. No shows are subject to a full time of service fee of \$75 (for *both* Insurance and Time of Service patients).

Please **initial here** _____ to accept our cancellation policy.



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Disclosure of Information

Professional Qualifications and Experience:

Kerry Jenni is licensed by the State of Vermont to practice acupuncture. She achieved a Masters of Science degree in Acupuncture from Bastyr University in Seattle, WA. She holds a NCCAOM (National Certification Commission for Acupuncture and Oriental Medicine) certification as a Diplomat in Acupuncture. Kerry has also completed massage therapy training, including licensure with WA state and craniosacral therapy training, level IV.

Jennifer Etheridge is licensed by the State of Vermont to practice acupuncture. She achieved a Masters of Science degree in Oriental Medicine from Southwest Acupuncture College in Santa Fe, NM. She holds a NCCAOM (National Certification Commission for Acupuncture and Oriental Medicine) certification as a Diplomat in Oriental Medicine.

Statutory Definition of Unprofessional Conduct:

- (a) In addition to any other provision of law, the following conduct by a licensee constitutes unprofessional conduct. When that conduct is by an applicant or person who later becomes an applicant, it may constitute grounds for denial of a license or other disciplinary action. Any one of the following terms, or any combination of items, whether or not the conduct at issue was committed within or outside the state, shall constitute unprofessional conduct:
- (1) Fraudulent or deceptive procurement or use of a license.
 - (2) Advertising that is intended or has a tendency to deceive.
 - (3) Failing to comply with provisions of federal or state statutes or rules governing the practice of the profession.
 - (4) Failing to comply with an order of the board or violating any term or condition of a license restricted by the board.
 - (5) Practicing the profession when medically or psychologically unfit to do so.
 - (6) Delegating professional responsibilities to a person whom the licensed professional knows, or has reason to know, is not qualified by training, experience, education or licensing credentials to perform them.
 - (7) Willfully making or filing false reports or records in the practice of the profession; willfully impeding or obstructing the proper making or filing of reports or records or willfully failing to file the proper reports or records.
 - (8) Failing to make available promptly to a person using professional health care services, that person's representative, succeeding health care professionals or institutions, upon written request and direction of the person using professional health care services, copies of that person's records in the possession or under the control of the licensed practitioner.

- (9) Conviction of a crime related to the practice of the profession or conviction of a felony, whether or not related to the practice of the profession.
 - (10) In the course of practice, gross failure to use and exercise on a particular occasion or the failure to use and exercise on repeated occasions that degree of care, skill and proficiency which is commonly exercised by the ordinary skillful, careful and prudent professional engaged in similar practice under the same or similar conditions, whether or not actual injury to a client, patient, or customer has occurred.
 - (11) Exercising undue influence on or taking improper advantage of a person using professional services, or promoting the sale of services or goods in a manner which exploits a person for the financial gain of the practitioner or a third party.
- (b) Failure to practice competently by reason of any cause on a single occasion or on multiple occasions may constitute unprofessional conduct. Failure to practice competently includes:
- (1) performance of unsafe or unacceptable patient or client care; or
 - (2) failure to conform to the essential standards of acceptable and prevailing practice.
- (c) The burden of proof in a disciplinary action shall be on the state to show by a preponderance of the evidence that the person has engaged in unprofessional conduct.
- (d) After hearing, and upon a finding of unprofessional conduct, a board or an administrative law officer may take disciplinary action against a licensee or applicant, including imposing an administrative penalty not to exceed \$1,000.00 for each unprofessional conduct violation. Any money received from the imposition of an administrative penalty imposed under this section shall be deposited in the general fund.
- (e) In the case where a standard of unprofessional conduct as set forth in this section conflicts with a standard set forth in a specific board's statute or rule, the standard that is most protective of the public shall govern.

Filing a Complaint with the Office of Professional Regulation:

File a complaint if you believe a professional has committed misconduct or if you know of someone who is practicing a profession without a license. Contact the Director at the Office of Professional Regulation by visiting the web site at www.vtprofessionals.org or by calling 802-828-2363 for a complaint form.

Patient's Disclosure Confirmation:

My signature acknowledges that I have been given the professional qualifications and experience of the practitioners at Integrative Acupuncture and Oriental Medicine, Kerry Jenni, L.Ac., and Jennifer Etheridge L.Ac., and a listing of actions that constitutes unprofessional conduct according to Vermont statutes, and the methods for making a consumer inquiry or filing a complaint with the Office of Professional Regulation.

Patient's Signature

Date



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Consent Form

I hereby authorize the licensed acupuncturists; Kerry Jenni and/or Jennifer Etheridge to perform the following specific procedures as necessary to facilitate my diagnosis and treatment:

Acupuncture: insertion of special sterilized needles through the skin into underlying tissues at specific points on the surface of the body.

Cupping: a technique to relieve symptoms in which cups made of glass or other materials are placed on the skin with a vacuum created by heat or other device.

Gua Sha: a rubbing on an area of the body with a blunt, round instrument.

Herbs: may be given in the form of pills, powders, tinctures, pastes, plasters, or other forms such as raw herbs to be cooked. Cooked herbs may be given to take internally or externally as a wash. Herbal formulas may include shell, mineral, and animal materials.

Moxa: indirect burning on an acupoint using stick, string, or ball moxa to relieve symptoms.

Tuina: an ancient massage used to treat a wide variety of common disharmonies.

Dietary Advice: based on traditional Chinese Medical Theory.

I recognize the potential risks and benefits of these procedures as described below:

Potential risks: discomfort, pain, infection, or blistering at the site of the procedure; temporary discoloration of the skin; nausea, loose bowel movements, abdominal cramping; and aggravation of symptoms existing prior to the acupuncture treatment.

Potential benefits: drugless relief of presenting symptoms and improved balance of bodily energies, which may lead to prevention or elimination of the presenting problem and the strengthening of the constitution.

Notice to Pregnant Women: Labor-stimulating acupuncture points are not used unless the treatment is specifically for the induction of labor. A treatment intended to induce labor requires a letter from a primary care provider authorizing or recommending such a treatment. **All female patients must alert the acupuncturist if they know or suspect they are pregnant.**

With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Kerry Jenni or Jennifer Etheridge regarding cure or improvement of my condition. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by my representative or myself or if it is required or permitted by applicable law. I understand that I may look at my medical record at any time and can request a copy of it by paying the appropriate fee. I understand that my medical record will be kept for a minimum of three, but no more than ten years after the date of my last treatment. I understand that information from my medical record may be analyzed for research purposes, and that my identity will be protected and kept confidential. I understand that any questions I have will be answered by my practitioner to the best of his/her ability.

I hereby authorize the release of medical information necessary to process my insurance claim. This may include intake forms, chart notes, reports, correspondences, billing statements and any other information to my attorneys, health care providers and insurance case managers.

I am responsible for all charges of the services provided. In the event that the insurance company or worker's compensation plan denies benefits or makes a partial payment, I am responsible for any balance due (which may include annual deductibles, co-pays, and/or co-insurance). This may not apply to insurance companies that I am under contract with.

I have stated all medical conditions that I am aware of and will keep my practitioner informed of any changes.

I agree to provide a 24 hour cancellation notice. If I fail to provide 24 hour notice of cancellation, I agree to pay the cancelled/ missed appointment fee. (Please note that insurance companies *do not* pay this, you do.)

Patient's Signature

Signature of Personal Representative (if applicable)

Date

Description of Personal Representative (if applicable)