



Welcome to Rochester's only Community Acupuncture clinic

Please take a few minutes to carefully read this introduction to our clinic.

Rochester Community Acupuncture (RCA) is the first community acupuncture clinic established in the western NY, and is affiliated with the **Community Acupuncture Network (CAN)**, a non-profit organization whose mission is to make acupuncture affordable for nearly everyone while promoting a sustainable business model that works for patients and practitioners. We do this by offering acupuncture, one of the world's oldest and most effective medical treatments, in a comfortable group setting. Our goal is to engender a *warm community atmosphere at a lower cost per treatment*, thereby making treatments available to people of all means, and ultimately providing an opportunity for more frequent use of acupuncture with better outcomes. We see this clinic and others like it functioning as a safe place to come take a rest while working through pain and suffering, and moving toward healthier patterns.

If you'd like more information about community acupuncture, or are looking for a clinic like ours in other parts of the country or overseas, visit the Community Acupuncture Network website at: www.communityacupuncturenetwork.org or ask us and we'd be happy to help you. As of mid-2010, there are over 125 such full-time clinics operating in the U.S. & Canada.

Community acupuncture practices are grown through the efforts of the acupuncturists *and* patients, who naturally rely on each other for success moving forward. If you would like to directly support our mission of helping to bring social justice to health care, please talk to our front desk staff regarding opportunities with us for volunteering or possibly trading out services.

Also you may be interested to know that the vast majority of acupuncturists use a style of acupuncture where needles are inserted directly into the area of pain. The problem with this approach is that it can feel pretty uncomfortable and runs the risk of aggravating existing pain. We are practitioners of a different style of acupuncture. These methods are time-tested and safe. The effects can also be surprisingly fast. The acupuncture points we choose most often are on the scalp and ears, from the elbows to the hand, and from the knees to the feet. Consequently, you'll just have to roll your sleeves and pant legs up, in order to get ready for your treatment. These treatments are efficient, comfortable and extremely effective. Pain relief can occur in seconds with long lasting relief of chronic pain resulting over a series of treatments.

The Beauty of the Sliding Scale

\$ 15-35 per visit
You decide what you can afford.
No questions asked.

Acupuncture is undeniably most effective when it is done frequently. We've found this to be especially true at the beginning of a course of treatment. Once a week is usually the minimum required to make progress with a health issue – though more frequent visits are common for short periods of time if the problem is quite intense.

The purpose of our sliding scale is to separate the issues of money and treatment.

When this is done, acupuncture can be available as often as needed, affording quicker and more lasting results. **Remember, what is most important to us is your ability to be here getting treated as often as you need. This moves positive changes forward, and gives you confidence in this process at the same time.**

The bottom line is you should choose a rate you feel you can budget for at each visit. We understand that for most of us, financial situations differ greatly even week-to-week. Our goal is to be able to provide acupuncture to you as often as is needed to get you better.

Because we offer a sliding scale, we cannot accept insurance billing (that's the insurance companies' rule). If you have insurance that covers acupuncture, we'll be happy to give you a payment receipt, and you can submit it for reimbursement if your insurance company accepts receipts. We also offer cash receipts for your own records as well. If you have health insurance, and aren't sure if acupuncture is covered, ask them.

Our clinic *does not* receive grants, state or federal money, or insurance reimbursement. It exists because people pay for their treatments, and tell other folks about us. It is a sustainable community business model.

The Community Setting

Most acupuncture treatments in the United States take place on a table in a room by oneself. However, this is not how most of the world has traditionally received acupuncture. It has historically occurred in a group setting.

Receiving treatment in a community setting has tangible benefits: it's easier for friends

and family to come in together and many patients find it a relief to not be left alone and isolated during their treatment. In addition, our practice allows patients to keep their needles in as long as they want, up to 45 minutes, as we understand the 'right' amount of time varies from person to person. If you want to be finished at a specific time, let your acupuncturist know and we will make sure you're out on time.

Our Commitment to You...

We want our community to be welcoming to everyone. We want to give you tools to take care of your own health so that you do not need to rely on an all-too-often impersonal and inefficient medical system offering costly, high-tech interventions. We will provide you with skilled practitioners who continue to sharpen communication and clinical skills through ceaseless education and self-evaluation in order to provide you with great acupuncture treatments in a safe, trustworthy healing space. We will provide an environment free of judgment. We will always be available to listen to any advice and/or feedback you may have about RCA.

Your Responsibilities...

Understand we do not provide primary care medicine. Acupuncture is a wonderful complement to Western medicine, but it is not a substitute for it. If you have, or think you may have a potentially serious condition such as an infection, unexplained weight loss or gain, consistent chest pain, a suspected fracture or dislocation, severe sudden abdominal pain, unexplained bleeding, respiratory distress etc. or if you want a doctor to go over the details of your medical history, you should either visit your primary care physician or go to the local emergency room, as appropriate. We'd be happy to provide the contact information for doctors in the Rochester area. Please do not expect us to diagnose and treat something life threatening. We can provide care for a *multitude* of conditions very effectively. However, acupuncture is not primary care medicine.

Flexibility. The community setting does require some flexibility from you. For instance, some patients have a favorite recliner, and when we are busy, someone may be in it and you will have to find a different chair. We also have a few patients who may snore. Patients who can't relax with someone snoring can bring earplugs or an ipod to their treatments. If you want, you can bring a favorite clean pillow or blanket from home for your treatment. If you tend to get cold, let us know and we will get you a warm blanket. **Basically, we need you to make yourself comfortable before we arrive to treat you, and we need you to be in your chair, *ready to receive treatment at your scheduled appointment time.* Please arrive to the clinic and give yourself enough time to pay, schedule your next appointment, use the restroom and change before your appointment time begins.**

If your appointment is scheduled for 1:00, we need you in your seat at 1:00!

We appreciate your understanding and by respecting this policy you enable us to help

and heal as many members of our community as possible.

Commitment. Acupuncture is most often a process. It is unrealistic to expect long-standing health issues to resolve after three or four visits. A typical course of treatment for long-standing conditions in China can include acupuncture every other day for three months! Thankfully, most folks do not need such an intense regimen. However, almost all people will require some course of treatment varying in length and frequency, depending on their individual needs. Part of the reason that we are able to keep our prices so low is because of the extraordinary amount of marketing our patients do on our behalf – we do very little advertising otherwise. We are so grateful for this. In fact, truth be told if it were not for happy and vocal patients, this clinic would cease to be. Our patients are such effective marketers because they have first-hand experience of how well acupuncture works. **Almost all of our satisfied patients basically made a commitment to a course of treatment.**

On your first visit, we will suggest a course of treatment, which can be anything from “*we’d like to see you twice a week for four weeks*” to “*we’d really like to see you every day for the next three days*”. This suggestion is based on our experience treating different kinds of conditions. If you don’t come in often enough or long enough, acupuncture probably won’t work for you. **The purpose of our sliding scale is to help you make that commitment.** If you have questions about how long it will take to see results, please ask us, or if you think you need to adjust your treatment plan, please let us know. **We need you to commit to the process of treatment in order to get the results we both want for you.**

Cancellations/Re-Scheduling. In order to have community acupuncture be a successful endeavor, and to offer high quality health-care at affordable prices, we need our patients to be responsible for their scheduled appointments. **We require 24-hours notice if it is necessary to cancel or reschedule an appointment.** We understand that last minute things come up, so please call us to see if we can accommodate you earlier or later in the shift for the same day your appointment is scheduled. Otherwise, all appointments that are rescheduled or canceled with less than 24-hour advance notice (as well as those missed without notice) will be charged a \$15 cancellation fee. If an appointment is cancelled without 24-hour notice, we often do not have time to fill the time slot with another patient who may have really needed the treatment. We have all of our patients sign a financial agreement acknowledging this policy on their first visit. Please help us help as many other patients as possible by respecting this agreement!

Finally, a word about our treatment rooms...

The treatment room is intended to remain a quiet space for you and others to rest, sleep and heal. We appreciate everyone’s presence in the space, and find this kind of collective stillness a rare and valuable thing in our rushed and isolating society. Maintaining this reservoir of calm requires that no one talk very much in the clinic space – including us. We ask that any speaking be done in a whisper or very low tone of voice. If you would like to speak to your acupuncturist one-on-one at any length, please let us know.

Unfortunately, we can’t explain Chinese medical theory or how acupuncture works

while we are treating you - these are very large and complicated topics! If you have questions about acupuncture or what it's like to get treated (and many people do), please visit our website for information and consider downloading a free copy of the new book **Why Did You Put That Needle There?** written by our friends at Manchester Community Acupuncture!

'Needles' is a no-nonsense question and answer guide intended for folks who are new to acupuncture, or for those of us who'd like just a little more insight, in plain speak. Culled from actual questions most often heard in clinic, this book offers this book offers clear and honest answers based on the author's own experience, in an attempt to demystify acupuncture.

For a free printed version, visit our website and click on More Answers.

Part of our success relies on our patients learning the “routine” and taking on responsibility for their appointments. Re-scheduling and making payment happens at the front desk **before** each follow-up treatment, so you can relax and enjoy treatment without concern for details afterwards. Please take all personal belongings (bags, shoes, etc.) with you back into the treatment room where there will be a canvas bin available by your recliner. We cannot be responsible for items left in the clinic after your visit. And of course, remember to speak quietly while in the clinic and **please turn off your cell phone before coming into the treatment room!**

We hope you'll find yourself comfortable here – and we encourage you to enjoy your time while playing an important part in changing the way health care is delivered in our community, our city, and our country.

--The Whole RCA Staff and Family

A note about parking:

There is parking available in the lot to the left of Village Gate or behind the building.

-You can enter the building from the courtyard or the back parking lot. We are located above Salena's Restaurant on the 4th floor.



Registration Form / Health History Questionnaire

NAME _____

ADDRESS _____
STREET APT# CITY STATE ZIP CODE

TELEPHONE _____
HOME WORK CELL

EMAIL _____

DATE OF BIRTH ____/____/____

FEMALE / MALE / TRANSGENDER (FtM/MtF)

PREFERRED PRONOUN: M / F/ OTHER _____

HOW DID YOU LEARN ABOUT RCA? _____

FIRST TIME GETTING ACUPUNCTURE? _____

OCCUPATION _____ COMPANY NAME _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

TELEPHONE _____
HOME WORK CELL

SIGNATURE _____ DATE ____/____/____

What are your primary reasons for coming in for treatment?

1. _____
2. _____
3. _____

How is your sleep? _____

How is your digestion? _____

Medications/Supplements you take: _____

Major Illnesses/Accidents./Surgeries: _____

Do you have access to primary medical care? _____

Check those you have or have had this year:

- Difficulty coping with stress and/or emotions
- Depression/Anxiety
- Major life events (i.e. move, job loss, relationship change)
- Major change in overall health

Do you exercise regularly? _____

Do you want support in cutting back on any addictive habits? _____

For the following, please check YES for a condition you have currently and PAST for a condition you've had in the past, noting the date in the space provided.

Skin:

<i>Currently Have?</i>	YES	PAST	When?
Acne, Boils	<input type="checkbox"/>	<input type="checkbox"/>	_____
Acute Hair Loss	<input type="checkbox"/>	<input type="checkbox"/>	_____
Itching/Rash	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Respiratory System:

<i>Currently Have?</i>	YES	PAST	When?
Chronic Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chronic Cough	<input type="checkbox"/>	<input type="checkbox"/>	_____
Frequent Colds	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pain in Breathing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sinus Congestion	<input type="checkbox"/>	<input type="checkbox"/>	_____
Temporary Cough	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nasal Drainage to Throat	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Head, Ear, Eyes, Nose, Throat:

<i>Currently Have?</i>	YES	PAST	When?
Head:			
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	_____
Migraines	<input type="checkbox"/>	<input type="checkbox"/>	_____
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ears:			
Earaches	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ringing in Ears	<input type="checkbox"/>	<input type="checkbox"/>	_____
Impaired Hearing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eyes:			
Eye Pain or Strain	<input type="checkbox"/>	<input type="checkbox"/>	_____
Impaired Vision	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tearing or Dryness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nose:			
Nose Bleeds	<input type="checkbox"/>	<input type="checkbox"/>	_____
Loss of Smell	<input type="checkbox"/>	<input type="checkbox"/>	_____
Throat:			
Goiter	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hoarseness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Swollen Glands	<input type="checkbox"/>	<input type="checkbox"/>	_____
Trouble Swallowing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neck Pain/Stiffness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Frequent Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Digestive System:

<i>Currently Have?</i>	YES	PAST	When?
Nausea/vomiting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heartburn	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gas or Bloating	<input type="checkbox"/>	<input type="checkbox"/>	_____
Internal Cramping	<input type="checkbox"/>	<input type="checkbox"/>	_____
Constipation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	_____
Loose Stool	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hemorrhoids	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Cardiovascular:

<i>Currently Have?</i>	YES	PAST	When?
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chest Pain	<input type="checkbox"/>	<input type="checkbox"/>	_____
Palpitations or Fluttering	<input type="checkbox"/>	<input type="checkbox"/>	_____
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	_____
Low Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	_____
Blood Clots	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ankle Swelling	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fainting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Urinary Tract:

<i>Currently Have?</i>	YES	PAST	When?
Frequent Infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
Frequent Urination	<input type="checkbox"/>	<input type="checkbox"/>	_____
Inability to Hold Urine	<input type="checkbox"/>	<input type="checkbox"/>	_____
Burning or Pain or Blood During Urination	<input type="checkbox"/>	<input type="checkbox"/>	_____
Kidney Stones	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Musculoskeletal:

<i>Currently Have?</i>	YES	PAST	When?
Weakness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Muscle Spasms or Cramps	<input type="checkbox"/>	<input type="checkbox"/>	_____
Joint Pain, Swelling, or Stiffness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sciatica	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fibromyalgia	<input type="checkbox"/>	<input type="checkbox"/>	_____
Broken Bones	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any Other Pain	<input type="checkbox"/>	<input type="checkbox"/>	_____
Location: _____			
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Other:

<i>Currently Have?</i>	YES	PAST	When?
Thyroid/endocrine disorders	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Autoimmune disorders	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____			_____

REPRODUCTIVE, IF APPLICABLE:

Do you now, or have you ever had...?	When?
Testicular Masses <input type="checkbox"/> No <input type="checkbox"/> Yes	_____
Testicular Pain <input type="checkbox"/> No <input type="checkbox"/> Yes	_____
Prostate Trouble <input type="checkbox"/> No <input type="checkbox"/> Yes	_____
Erection Difficulties <input type="checkbox"/> No <input type="checkbox"/> Yes	_____
Breast Lumps <input type="checkbox"/> No <input type="checkbox"/> Yes	_____
Nipple Discharge <input type="checkbox"/> No <input type="checkbox"/> Yes	_____
Fibroids or ovarian cysts <input type="checkbox"/> No <input type="checkbox"/> Yes	_____
Irregular Cycle <input type="checkbox"/> No <input type="checkbox"/> Yes	_____
PMS Symptoms <input type="checkbox"/> No <input type="checkbox"/> Yes	_____
Painful Menses <input type="checkbox"/> No <input type="checkbox"/> Yes	_____
Clotting during menses <input type="checkbox"/> No <input type="checkbox"/> Yes	_____
Bleeding between periods <input type="checkbox"/> No <input type="checkbox"/> Yes	_____
Fertility difficulties <input type="checkbox"/> No <input type="checkbox"/> Yes	_____
Other _____ <input type="checkbox"/> No <input type="checkbox"/> Yes	_____
Could you be pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes	

FINANCIAL POLICY

RCA is a low-cost, high volume Community Acupuncture Clinic. Our fees are \$15-\$35 per treatment. You decide what you can pay at each visit. We will never ask for income verification and trust that you know best what you can afford to pay for your treatment. We make every attempt to make acupuncture available to as many people as possible at the most affordable rates. This is our mission.

Full payment is expected at the time of your visit. We accept cash and checks. We ask that you be prepared to pay for your treatment each time you come in. At any time you may change the amount that you pay on the sliding scale up or down. If you need a receipt to submit to your insurance, please let us know. We'd also be happy to give you a cash receipt as well. Just ask.

We understand that unanticipated events happen occasionally in everyone's life. In our desire to be effective and fair to all clients, the following policies are honored:

In respect and consideration of others who also need appointments, we ask for **24 hours advance notice** if it is necessary to cancel or reschedule an appointment. If you are unable to give us 24 hours advance notice you will be charged a **\$10 cancellation fee**.

No-shows: Anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a "no-show." They will be charged a **\$10 fee** for their "missed" appointment.

If you need to change the time of your appointment for the **SAME DAY** but you reschedule with less than 24 hours advanced notice, a **\$5 late rescheduling fee** will apply.

We do also recognize that emergencies happen, and would be happy to consider these on an individual basis, of course and waive fees when appropriate.

Returned Check Policy: \$20.00 fee on all returned checks.

Thanks for understanding and in doing so, helping us to keep our fees as low as possible.

-Rochester Community Acupuncture Staff

I agree to the above policy:

Print Name _____

Date ___/___/____

Signature _____

I. Informed Consent to Acupuncture Treatment

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of acupuncture on me (or on the patient named below, for whom I am legally responsible) by the acupuncturist(s) who now or in the future treat me.

I understand that methods of treatment may include, but are not limited to, acupuncture & Chinese herbal medicine. The herbs may have an unpleasant smell or taste. I will immediately notify a member of the clinical staff of any unanticipated or unpleasant effects associated with the consumption of the herbs.

I have been informed that acupuncture is a generally safe method of treatment, but that it may have some side effects, including bruising, numbness or tingling near the needling sites that may last a few days, and dizziness or fainting. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the clinic uses sterile disposable needles and maintains a clean and safe environment.

I understand that while this document describes the major risks of treatment, other side effects and risks may occur. The herbs and nutritional supplements (which are from plant, animal, and mineral sources) that have been recommended are traditionally considered safe in the practice of Chinese Medicine, although some may be toxic in large doses. I understand that some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue. I will notify a clinical staff member who is caring for me if I am or become pregnant.

I do not expect the clinical staff to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the clinical staff to exercise judgment during the course of treatment, which the clinical staff thinks at the time, based upon the facts then known, is in my best interest. I understand that results are not guaranteed.

I understand the clinical and administrative staff may review my patient records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

By voluntarily signing below, I show that I have read, or have had read to me, the above consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

II. Patient Advisory to Consult a Physician

Rochester Community Acupuncture is committed to your health and well being. We believe that while Acupuncture and Chinese Medicine has a great deal to offer as a health care system, it cannot replace the resources available through biomedical physicians. Consequently, we recommend that you consult a physician regarding any condition or conditions for which you are seeking acupuncture treatment. To comply with Article 160, Section 821.1(b) of NYS Education law, we request that you read and sign the following statement:

I, THE UNDERSIGNED DO AFFIRM THAT I HAVE BEEN ADVISED BY Janeane Klingler, Angela Pauling, or other staff acupuncturist TO CONSULT A PHYSICIAN REGARDING THE CONDITION(S) FOR WHICH I AM SEEKING ACUPUNCTURE TREATMENT.

PATIENT (or representative) SIGNATURE: _____ Date _____