



Welcome to  
**COMMUNITY ACUPUNCTURE  
ALBUQUERQUE**

Please take a moment to read this introduction to the clinic.  
We are delighted that you are interested in joining us!  
[www.commacupabq.org](http://www.commacupabq.org)

*Doctors of Oriental Medicine*

*Nityamo Lian, DOM, MPH and Steven Malins DOM*

**We are located at 2509 Vermont NE, Suite A2, Albuquerque, NM, 87110  
Our hours are Mon, 12.30pm –4.30pm; Wed&Thu 1pm to 6pm; Sat and Sun 11.00am-4.30pm.**

**Walk-ins are Welcome after the first hour and up to 30 mins before we close..**

**Our fees are \$15-\$50, sliding scale (pay what you are comfortable with) with an initial paperwork fee of \$10. 10 treatment punch-card for \$145- \$400 sliding scale.**

***What is different about Community Acupuncture?***

- **We treat in a community setting**

We treat in a community setting using chairs clustered in a large, quiet, soothing space. Most US acupuncturists treat patients on tables in individual cubicles which is not traditional in Asia. Treating patients in a community setting has many benefits: it's easy for friends and family members to come in for treatment together; many patients find it comforting; and a collective energetic ("qi") field becomes established which makes individual treatments more powerful.

- **We charge an affordable fee**

We charge \$15-\$50 per treatment (sliding scale), with an initial paperwork fee of \$10. Most US acupuncturists see one or two patients per hour and charge \$60-\$180 per treatment and tend to spend a long time talking with each patient. We don't. This model allows us to make acupuncture affordable to everyone while still making a living ourselves. Instead of asking you lots of questions, we rely on our diagnostic skills to treat you. This is exactly how acupuncture is practiced traditionally in Asia—many patients per hour and very little talking. We want to make it possible for you to receive acupuncture regularly enough and long enough to get better and stay better.

***What We Need from You***

- **Medical Responsibility**

We don't provide primary care medicine. Acupuncture is an excellent complement to Western medicine, but is not a substitute for it. If you have, or think you may have, a potentially serious condition—a malignant growth, serious infection, unexplained weight loss or gain, severe abdominal pain, etc.—or if you want someone knowledgeable to go over the details of your medical history, you need to see a primary care physician. We can provide some excellent, affordable referrals, even if you have no insurance coverage. We can also provide complementary care for conditions which require a physician's attention—for instance we often treat patients for the side effects of chemotherapy. However, we are not able to diagnose serious conditions and we do need you to take responsibility for your health.

- **Community Mindedness**

The soothing atmosphere in our clinic exists because all our patients create it by relaxing together. We appreciate everyone's presence. Such collective stillness is rare and precious in our rushed society. Maintaining this reservoir of calm requires that we speak softly when necessary. Please turn off cell phones when you enter. Please do not wear perfume,

aftershave, or anything that is heavily scented as some of our patients and staff get ill from these.

- **Communication**

Let us know at the beginning of the treatment if you need to be somewhere at a certain time or if you want to be unpinned after a specific amount of time - if your eyes are closed, we'll think you're asleep and we won't wake you up. Let us know if you need help with anything or are cold or uncomfortable in any way. If you cannot catch our eye, clear your throat to get our attention.

- **A Little Help Running the Clinic**

*Before* you come into the treatment room, please find the payment envelope with your name on it at the reception desk. Place your money for treatment (check made out to PHANM or Community Acupuncture Abq, or cash) in the envelope and place in the black mail box—**do not seal**, this will be reused. If you need to leave a message for us (ex: forgot check book, need to pay less this week or for two appointments, etc.), please leave a note in the envelope and please date the note. We accept all major credit cards. Use the swiper at the reception desk, fill out a credit card slip and put it in your envelope. Please note, do not bill insurance companies or provide CPT or Diagnostic codes - we can provide you with a signed receipt for your treatment, and you can submit that yourself to the insurance company if they accept this method.

You can schedule your next treatment in the appointment book now if you wish. Pencil your first name and last initial wherever there is a free time slot. Pay attention to which doctor is practicing if you have a preference (written at the head of the day) otherwise we are all great! You can also book online through our website and then get a reminder email!

*After* completing the payment and scheduling, come into the treatment area, pick up blankets, cushions, sheets if you want them, find a chair and make yourself comfortable. Please take off your shoes and socks, roll your pants above your knees, push up your sleeves above your elbows, take off anything around your wrists. Please bring all personal belongings back to the treatment area and put everything *under* the chair.

- **Commitment**

Acupuncture is a PROCESS and the effect of multiple treatments is cumulative. It is very rare for any acupuncturist to be able to resolve a problem with one treatment. In China, a typical treatment protocol for a chronic condition could be acupuncture every other day for three months! or for ten days in a row. Most people don't need that much acupuncture, but virtually every patient requires a course of treatment which varies in length and frequency. Normally, you would know after 6 treatments if the treatments are helping. We want you to be able to come in often enough to really get better and stay better. Ask your DOM how frequently they think you need to come or look at our "How often should I come?" guidelines.

### ***If you have not had acupuncture with us before***

It is best to have eaten something at least a few hours before treatment and not a heavy meal right before so that you are comfortable. Wear clothes that are loose up to your knees and elbows. Once you are settled in your chair with your shoes and socks off, the acupuncturist will come to you. They will ask to look at your tongue, take your pulses on both wrists and sometimes at your neck, and ask you a few questions. If you have a particular concern, now is the time to tell them about it. They will then insert a few needles (all needles are single use only and are disposed of safely). You may feel any of the following sensations on needling – warmth, cold, itchy, electrical, swelling, slight cramping, traveling (you may feel the sensation in a different place than the needle). If you feel sharpness, it should be momentary, if it persists, let the acupuncturist know. Now, you can lie back and relax.

When you are ready to leave (maybe 30 minutes or maybe longer), open your eyes and catch the acupuncturist eye, or clear your throat if you cannot catch their eye. If needed, you can say something to them. They will come and remove the needles and you can leave.

Enjoy the space!

# COMMUNITY ACUPUNCTURE ALBUQUERQUE

2509 Vermont NE, Suite A2, Albuquerque, NM 87110

505-266-2606 ~ CommAcupAbq@gmail.com www.CommAcupAbq.org

PATIENT INFORMATION	CONTACT INFORMATION
<p>Date _____</p> <p>Name _____</p> <p>Address _____</p> <p>City State Zip _____</p> <p>Age _____ Height _____ Weight _____</p> <p>Occupation _____</p> <p>Primary physician _____</p> <p>Physician phone number _____</p> <p>How did you hear about us? _____</p>	<p>Home phone _____</p> <p>Work phone _____</p> <p>Other/cell phone _____</p> <p>Email _____</p> <p><b>Another person we may contact if needed:</b></p> <p>Name _____</p> <p>Relationship _____</p> <p>Home phone _____</p> <p>Work phone _____</p>
HEALTH HISTORY	
<p><b>What are your primary concerns for coming in for treatment?</b></p> <p>1- _____</p> <p>2 - _____</p> <p>3 - _____</p> <p>List medications or food supplements you are taking. (General area of use is OK eg Diabetes meds)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>List serious illnesses, accidents or surgeries (date).</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Check illnesses that have occurred in blood relatives.</b></p> <p><input type="checkbox"/>Diabetes <input type="checkbox"/>High blood pressure <input type="checkbox"/>Stroke</p> <p><input type="checkbox"/>Heart disease <input type="checkbox"/>Kidney disease <input type="checkbox"/>Asthma</p> <p><input type="checkbox"/>Hayfever <input type="checkbox"/>Migraines</p> <p><input type="checkbox"/>Cancer <i>type</i> _____</p>	<p><b>Check conditions you have or have had in the past:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> HIV/AIDS</li><li><input type="checkbox"/> Allergies</li><li><input type="checkbox"/> Anemia</li><li><input type="checkbox"/> Arthritis</li><li><input type="checkbox"/> Asthma</li><li><input type="checkbox"/> Addiction</li><li><input type="checkbox"/> Bleeding disorders</li><li><input type="checkbox"/> Breast lump</li><li><input type="checkbox"/> Cancer <i>type</i> _____</li><li><input type="checkbox"/> Diabetes</li><li><input type="checkbox"/> Glaucoma</li><li><input type="checkbox"/> Hepatitis C or B</li><li><input type="checkbox"/> High Blood Pressure</li><li><input type="checkbox"/> Pneumonia</li><li><input type="checkbox"/> Seizures</li><li><input type="checkbox"/> Stroke</li><li><input type="checkbox"/> TB</li></ul> <p><b>Check symptoms you have or have had in the <u>last year</u>:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Depression</li><li><input type="checkbox"/> Difficulty in focusing</li><li><input type="checkbox"/> Dizziness</li><li><input type="checkbox"/> Mood problems</li><li><input type="checkbox"/> Fatigue/tiredness</li><li><input type="checkbox"/> Headaches</li><li><input type="checkbox"/> Loss of sleep/poor sleep</li><li><input type="checkbox"/> Loss of weight</li><li><input type="checkbox"/> Gain of weight</li></ul> <p>How long has it been since you have had a complete medical exam? _____</p>

## HEALTH HISTORY...CONTINUED

Check symptoms you have or had in the last year:

### MUSCLE/JOINT/BONES

- Tremors
- Swollen joints
- Weakness
- Cramps
- Numbness

Pain in:

- Neck
- Hips
- Thighs
- Knees
- Calves
- Feet
- Other \_\_\_\_\_
- Upper Back
- Middle Back
- Lower Back
- Hands
- Arms
- Elbows
- Shoulders

### EYES/EAR/NOSE/THROAT/RESPIRATORY

- Asthma/wheezing
- Blurred or failing vision
- Difficulty breathing
- Earache
- Enlarged glands
- Eye pain
- Frequent colds
- Hay fever
- Hoarseness
- Gum trouble
- Nose bleeds
- Loss of hearing
- Persistent cough
- Phlegm *color* \_\_\_\_\_
- Ringing in ears
- Sinus problems

### CARDIOVASCULAR

- Chest pain
- Pain over heart
- Poor circulation
- Previous heart attack
- Rapid/irregular heart beat
- Swelling of ankles

### SKIN

- Boils
- Bruise easily
- Dry skin
- Itching/rash
- Sensitive skin
- Sore won't heal
- Unusual sweating

### GASTROINTESTINAL

- Belching,
- Gas
- Bloating
- Colon trouble
- Constipation
- Diarrhea
- Difficulty swallowing
- Excessive hunger
- Gall bladder trouble
- Hemorrhoids (piles)
- Indigestion
- Nausea
- Pain over stomach
- Abdominal Pain
- Poor appetite
- Vomiting

### GENTOURINARY

- Blood/pus in urine
- Frequent or urgent urination
- Inability to control urine
- Urinary tract infection
- Kidney infection/stones
- Night Urination. # times \_\_\_\_\_
  
- Erection difficulties
- Penis discharge
- Prostate trouble

Age at Menses \_\_\_\_\_

Length of Cycle (eg 28 days) \_\_\_\_\_

Duration of Cycle (eg 3-5 days) \_\_\_\_\_

Age at Menopause \_\_\_\_\_

# Pregnancies \_\_\_\_\_ # Births \_\_\_\_\_

- Vaginal Discharge
- Hot Flashes
- Vaginal Discomfort

Even if you are in menopause, answer the questions about how your cycle was.

- Excessive menstrual flow
- Menstrual pain
- Clots
- Irregular cycle
- PMS

Could you be pregnant? \_\_\_\_\_

### SIGNATURE

The information on this form is correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# COMMUNITY ACUPUNCTURE ALBUQUERQUE

## Informed Consent, Cancellation and Privacy Policies

I am here for evaluation by the Doctors of Oriental Medicine (DOM) at Community Acupuncture Albuquerque. I understand that the DOMs will utilize medical history plus physical examination to evaluate me. The DOMs may discuss treatment options and course of treatment with me.

The DOMs may carry out the following treatments in this office: primarily acupuncture, but sometimes - moxibustion (heating of acupuncture points), electrical stimulation, therapeutic exercise, massage, Tui Na (oriental medical manipulation of the spine or other joints), drawing a few drops of blood, nutritional advice, the prescription of herbs, supplements, and other natural medicines, lifestyle advice, or other treatments.

I understand that even naturally oriented procedures do carry some amount of risk. Needles are capable of causing bleeding, bruising, or extremely rarely lung or organ injury or infection. Adverse events are minimized when the clinician is properly trained. All needles used are single use only and pre-sterilized minimizing any risk of infection.

I accept that at times acupuncture by the doctors will intentionally generate a local or spreading tingling, aching or other strong sensation. Manipulation, stretching, or exercise can result in some new stiffness or pain. Heat treatment of acupuncture points may, very rarely, leave a tiny burn. Cupping, scraping, bleeding or plum blossom hammer are therapeutic modalities that intentionally cause redness, bleeding or bruising, but I can refuse these modalities at any time. I know that herbs and supplements may cause strong allergic or other reactions, even though these reactions are very rare. I will always retain the right to accept or reject any diagnostic procedure or any treatment, before or during any procedure.

I understand that in a community setting, other patients may overhear my conversation with the DOM and so will ask to discuss in private any issue that I have privacy concerns about. The doctors follow all confidentiality and privacy requirements of the medical professions. I will not disclose anything that I overhear in the course of anyone else's treatment. I also understand that although licensed as primary care practitioners in NM, the DOMs at Community Acupuncture Albuquerque are not providing primary care and I will take care of serious health concerns with my primary care provider.

I understand that no health care provider can ever guarantee results and that the time and number of treatments is not always predictable, but it is my expectation that the doctors will communicate their best estimates to me. I accept the fact that outcomes of treatment vary from no help to full resolution of symptoms, but more commonly, success will be defined as clearly perceivable improvement of my medical problem within a set number of treatments.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Financial Policy:** Please contact us up to 2 hours before clinic starts to cancel. After that time and after the first instance, cancellations will be charged at \$10, no-shows at \$15, unless there has been an emergency. I acknowledge understanding of the cancellation/no-show policy. Please note that we do not provide diagnostic or treatment codes which may be a requirement for your insurance company and we do not bill insurance companies directly but will provide a receipt.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I have received a copy of the Notice of Privacy Practices and the Practices Regarding Disclosure of Patient Health Information. I understand my health information will be used and disclosed consistent with these Notices.

Signature \_\_\_\_\_ Date \_\_\_\_\_