

Patient Information Sheet

12304 Santa Monica Blvd., #120 Los Angeles, CA 90025 Phone: 310-826-5288 Fax: 310-826-7178 www.TCMHealingCenter.com

Last Name:		First Name:		Preferred Name:		Occupation:		Referred By:	
Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth:		Age:	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/>				Tel:	
Address:					City:			State:	Zip:
Home Phone:				Work Phone:			Cell Phone:		
Emergency Contact & Relationship:					Phone Numbers of Emergency Contact: Primary: _____ Alternate: _____				
Check Health Insurance Coverage: None <input type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> HMO <input type="checkbox"/> Work's Comp <input type="checkbox"/> Auto Injury with Med Pay <input type="checkbox"/> Military <input type="checkbox"/> Other _____									
Email Address: Please be assured that your e-mail address will only be used by our office for your needs and will not be sold to another company or individual.									
Primary Care Doctor: Name: _____ Tel: _____					Specialty:				
Other Doctor You See: Name: _____ Tel: _____					Specialty:				
Major Complaints:									

Please Answer the Following Question:

	Yes	No		Yes	No
Do you have a tendency to faint?	<input type="checkbox"/>	<input type="checkbox"/>	Are you HIV+?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a pacemaker?	<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant? (women)	<input type="checkbox"/>	<input type="checkbox"/>
Do you bleed for a long time?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had Hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>

Medication: Please list all prescription medications you use. Include those which you may only use occasionally:					
Prescription Name	Purpose:	How Long	Dose	How Often	Last Dose

OUR OFFICE POLICY

- For most cases we do not bill insurance directly. Patients are expected to take care of their fees as services are rendered. We do not accept responsibility for collecting your insurance claim or for negotiating a settlement of a disputed claim. However, we will gladly prepare a doctor's statement of charges for you to submit to your insurance carrier for reimbursement.
- If you need to cancel an appointment, ***please inform us at least 24 hours in advance to avoid a full charge of service.*** A missed appointment will also be charged at full fee.
- There is a service charge of \$25 for every returned check.
- There is a service charge of \$1 per bag for returned herbs. (Raw Herbs are not returnable)
- I authorize the release of any medical records and/or any other necessary information to process a claim with my insurance.
- TCM Healing Center is in compliance with HIPPA law and regulations.

Our Fees Are	Acupuncture	Initial Consultation	Electro-Acupuncture	Follow-up Herbal Consultation
<i>Dr. Shiaoqing Jing</i>	\$ 120.00	\$ 150.00	\$ 145.00	\$ 85.00
<i>Dr. Biao Lu</i>	\$ 120.00	\$ 150.00	\$ 145.00	\$ 85.00
<i>Dr. Florence Lim</i>	\$ 105.00	\$ 100.00	\$ 125.00	\$ 60.00
<i>Dr. Jennifer Canfield</i>	\$ 90.00	\$ 100.00	\$ 125.00	\$ 60.00

I have read and agree to the terms of the preceding paragraphs. All information presented is true to the best of my knowledge.

Patient's Signature

Date

PATIENT MEDICAL HISTORY

The following list of symptoms you may or may not currently have.

- Individually rate each symptom's severity by marking 1-5 (5 being the worst).
- Leave blank if N/A.
- ✓ any symptoms you have had in the past.

Cardiovascular**(TCM: Heart/Small Intestine)**

- Heart palpitations
- Chest pain or pressure
- Dizziness
- Irregular heart beat
- Shortness of breath
- High blood pressure
- Leg cramps
- Lack of joy in life
- Craving / aversion to bitter food

Respiratory (TCM: Lung/Large Intestine)

- Dry cough
- Cough with sputum
- Cough with blood
- Sore throat
- Nasal problems
- Nasal discharge
- Poor sense of smell
- Nose bleeds
- Asthma or wheezing
- Pneumonia
- Hay-fever
- Bronchitis
- Allergies
- Low resistance to colds or flu
- Low physical stamina
- Itchy skin
- Grief / Sadness
- Craving / Aversion to spicy foods

Gastrointestinal (TCM: Spleen/Stomach)

- Indigestion
- Bloating
- Gas / belching
- Abdominal pain or cramps
- Gall stones
- Constipation
- Diarrhea
- Black stool
- Hemorrhoids
- Excessive appetite
- Decreased appetite
- Anorexia
- Nausea and vomiting
- Colitis or Diverticulitis
- Heartburn
- Acid reflux
- Fatigue

 Cold hands and feet Heaviness anywhere in the body Hard to wake up in the morning Edema / swelling Bad breath Tendency towards hypoglycemia Muscle fatigue Difficulty digesting oily food Tendency to become obsessive Craving / aversion to sweets**Genitourinary (TCM: Kidney/Urinary Bladder)**

- Frequent urination
- Painful urination
- Bloody discharge from anis
- Incontinence
- Pain in the genital area
- Decreased sex drive / excessive sex drive
- Kidney stone
- Kidney failure
- Neuritis
- Weakness / low back pain
- Achy bones
- Poor memory
- Hair loss
- Hearing problems
- Ringing in ears
- Craving / aversion to salty foods

TCM: Liver / Gallbladder

- Jaundice
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Cirrhosis
- Irritability
- Depression
- Headache / migraine
- Visual problems
- Red eyes
- Itchy eyes
- Clenching of teeth at night (TMJ)
- Muscle twitching
- Joint tightness / stiffness
- Soft / brittle nails
- Craving / aversion to sour food

Muscular-Skeletal

- Back pain
- Neck pain
- Arthritis
- Muscle pain or cramps
- Painful joints
- Disc problem
- Epilepsy
- Scoliosis

Males Only

- Prostate problems
- Pain in testicles
- Low sperm count

Females Only

- Menstrual pain
- Irregular menstrual cycle
- Lower back / sacrum ache
- Swelling or pain in the breast
- Heavy bleeding
- Vaginal discharge (excessive)
- Vaginal yeast infection
- Vaginal dryness
- Endometriosis
- Polycystic ovary syndrome
- Uterine Myoma
- HPV +
- Genital warts
- Breast cancer
- Ovarian cancer
- Osteoporosis
- Night sweats / hot flashes
- Menopause / perimenopause

Miscellaneous

- Psoriasis
- Eczema
- Skin rash
- Lupus
- Rheumatoid arthritis
- Parkinson's syndrome
- Reynard's syndrome
- Diabetes
- Multiple sclerosis
- Varicose veins
- Blood clotting
- Cancer
- Genital herpes
- HIV +

PATIENT CARE FINANCIAL AGREEMENT

Thank you for choosing TCM Healing Center for your health care needs. We are committed to your improved health by providing appropriate, high quality, comprehensive family health care. While our intension is to assist you, it is your responsibility to ensure that all services rendered by TCM Healing Center on your behalf are paid in full. In order to understand our Financial Policies we have listed below our financial requirements.

1. Patient without Insurance Coverage:

Payment at the time of services is required. Cash, check, Visa, and Mastercard are accepted payment methods.

2. Patient with Insurance Coverage:

We are an out-of-network provider. You will be expected to pay (as a patient without insurance coverage) at the time service is rendered.

- If you provide us with your insurance information, every 3 visits we will print out an insurance form that you must sign and submit yourself to your insurance company. Your insurance company will reimburse you directly for any amount that is covered by your plan.
- If you do not provide us with your insurance information, on each visit, we will give you an insurance form that you need to complete, sign and send to your insurance company. Your insurance company will reimburse you directly for any amount that is covered by your plan.
- Any insurance checks that might be paid to our office in error will be credited to your account promptly or returned to your insurance company for reissue in your name.

3. Workers' Compensation Claims:

Treatment will be provided with a workers' compensation claim approval. If your employer or their insurance carrier denies your claim, you will be held financially responsible for all charges incurred for services rendered on your behalf. Any quotes given regarding treatment are cash rates – insurance may be billed differently.

4. Auto Injury Claims:

Treatment will be billed to the MedPay portion of your auto insurance policy. If your insurance carrier denies your claim due to exhausted benefits or any other reason, you will be held financially responsible for all charges incurred for services rendered on your behalf. No liens will be accepted. Any quotes given regarding treatment are cash rates – insurance may be billed differently.

5. Patient with United Healthcare, Great West, Motion Picture Insurance Coverage:

At your request we can verify acupuncture coverage for you and/or may help you by billing them directly.

I acknowledge that I have read and understood the above information. I understand I am financially responsible (regardless of insurance coverage) for any and all charges incurred from services provided.

Signature: _____ Print: _____ Date: _____

For our protection, we ask that you complete the following authorization, especially for Work's Comp claims, auto insurance claims, and direct billing cases. Please note that NO charges will be billed to this account unless we are unable to resolve outstanding balances with you directly. All credit card information is safeguarded and confidential. We appreciate your cooperation.

I hereby authorize T.C.M Healing Center, Inc. or his agents/employees to bill my credit card for amounts unpaid.	
<input type="checkbox"/> Master Card	<input type="checkbox"/> Visa
Print name as it appears on credit card: _____	
Credit Card Number: _____	Expiration Date: _____
Signature: _____	Date: _____

HIPAA NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Under the health Insurance Portability and Accountability Act (HIPAA) of July 1, 1997, it is our legal duty to safeguard your protected health information (PHI). If a person has been insured for the past 12 months, a new insurance company cannot refuse to cover the person and cannot impose pre-existing conditions or a waiting period before providing coverage.

Our office respects your right to privacy. Information regarding the reason you sought therapy with us is strictly confidential and is used to communicate with your doctor, case worker, and claims representative for payment from your insurer and the Dept. of Labor & Industrial Relation (for Worker's Comp. claims) or for pre-authorization. Should any other official party request information about you, we would need to see your signed authorization to release information.

All other uses of the protected health information will be made only with your authorization and you have the right to revoke such authorization at any time. If a claim is unpaid due to the unavailability of the requested information, then you will be responsible for payment to us.

Evaluation reports, treatment plans, copy of prescriptions for the therapy and progress notes are generally mailed to the insurer (case worker) to carry out treatment and receive payment for services.

In settlement cases, your attorney can request copies of your file with a written authorization from you. The other party's attorney will generally subpoena your records. A **subpoena** is a legal demand with which we must comply.

All therapies are on an appointment basis.

If you have questions regarding other alternatives, we can give you general information. Your primary care physician will determine what program for you to follow.

Marketing:

TCM Healing Center will not use or disclose your PHI for marketing communication without your written authorization. This office may send birthday cards, thank you cards, notice of clinic events, newsletters, and/or appointment reminders.

Disclosure:

TCM Healing Center may use or disclose your PHI without your consent or authorization when required by law.

Patient Rights Notice of Privacy Policy:

- A patient/client may request restrictions on certain uses and disclosure of the protected information.
- You have the right to receive confidential communication of protected health information.
- You have the right to inspect and request a copy of protected health information and medical records.
- You have the right to amend protected information (there is an appeals process).
- You have the right to an accounting of disclosures of protected health information.

TCM Healing Center reserves the right to change our privacy policy in accordance with HIPAA, and would send such notice to your last known address if your case is involved. This is in compliance with HIPAA following April 14, 2003 except in emergency treatment situations.

If you have questions about this notice or any complaints about our privacy practice please contact our office.

I have read and understood my rights regarding privacy of information, and under which conditions this information is shared with others, so that I may receive therapy and claims can be made on my behalf (only for insurance purposes).

I acknowledge that I have received the "Patient's Rights" and I will _____, will not _____ take a copy with me. _____initials

Signature: _____ Date: _____
Patient or Patient's personal representative

Print Name: _____
Patient or Patient's personal representative