



Registration & Patient Form

Name: _____

Date of Birth: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (mobile) _____

May we text appointment reminders at this number? Yes / No

May we leave a voicemail message at this number? Yes / No

Email Address: _____ Have you ever had acupuncture? Yes / No

May we email you our monthly community newsletter? (You can unsubscribe at any time) Yes / No

Main Concern _____

Please rate the intensity of your concern from 0 being no pain and 10 being the unbearable.

0<-----1-----2-----3-----4-----5-----6-----7-----8-----9----->10

No Pain/Stress

Unbearable Pain/Stress

Any other health concerns we need to know about? _____

Any Headaches, if so where? _____ Migraines? _____ Dizziness? _____

Ringing in your ears? Yes - High Pitch / Low Pitch, No Do you see floaters Yes / Sometimes / No

Do you have difficulty sleeping? _____ Do you wake up tired? _____

How often do you wake at night to urinate? _____ Do you have Asthma? Yes / No

Allergies? Yes / No If Yes, to what? _____

Difficulty Breathing? Daily / Sometimes / Never Chest Pain? Daily / Sometimes / Never

Abdominal Pain? Daily / Sometimes / Never Gas/bloating? Daily / Sometimes / Never

Bowel movements? Less often / Daily / More often With ease? Yes / No

On a scale of 1-10, 10 being excellent, what's your daily energy level? _____

Does your body temperature tend to run: Hot / Cold / Neutral

Do you have something that might be contagious? Yes / No / Maybe _____

Do you have Hepatitis B? Yes / No Do you have Hepatitis C? Yes / No

Are you HIV+? Yes / No Do you have any other blood born pathogen? Yes / No

Anything else you'd like us to know about you? _____

Informed Consent for Treatment

By signing below, you are voluntarily consenting to receive acupuncture treatments and other procedures within the scope of acupuncture practice (for yourself or for the patient named below, for whom you are legally responsible) from the Licensed Acupuncturists at Hawaii Community Acupuncture.

Acupuncture involves the insertion of very fine needles into particular points on the body to prevent or reduce pain and help your body function and feel better. Risks may include bruising and/or slight bleeding, weakness, fainting, aggravation of symptoms existing prior to acupuncture treatment. There is little to no risk of infection when all needles are sterile. **Hawaii Community Acupuncture (HCA) uses only one-time use, sterile, disposable needles. We never reuse needles even on different areas of the body for the same person.**

I have been informed that I have the right to refuse any form of treatment. I understand the nature of the treatment, have been informed of the risks & possible consequences involved in the treatment, & have been given an opportunity to ask questions pertaining to the treatment. I also understand that there is always a possibility of an unexpected complication & I understand that no guarantee can be made concerning the results of treatment. If you have a serious health issue such as a prolonged infection, malignant growth, or an injury that won't heal, or if you want someone knowledgeable to go over the details of your medical history with you, you need to see your primary care and specialty care team which may include Naturopathic, Chiropractic physicians. **I will see my medical doctor for western (allopathic) primary medical care and for routine check-ups.**

Initial after reading _____

HIPAA Consent to the Use and Disclosure of Health Information

I understand that as part of my healthcare, Hawaii Community Acupuncture (HCA) originates and maintains health records including my health history, symptoms, examination and test results, diagnoses, treatment and any plans for future treatment. **I consent to the use or disclosure of my identifiable health information by HCA for the purposes of diagnosis or providing treatment to, obtaining payment of my health care bills, or to conduct health care operations.**

I have read and understand the Informed Consent to Treat, and HIPAA Consent to Use and Disclose Health Information and that diagnosis and treatment at HCA may be conditioned upon my consent as evidenced by my signature below.

Print Name _____	Signature _____	Date _____
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Financial, Scheduling, and Clinical Terms

Hawaii Community Acupuncture is a low-cost, high-volume Community Acupuncture clinic. Our fees are \$40-80. We will never ask for income verification, and we allow you to decide what to pay at each visit. Stress Relief Simple Balancing Acupuncture is \$30.

Payment is expected at the time of your visit. We accept cash, checks and debit or credit cards. We ask that you be prepared to pay for your treatment each time you come in. At any time you may change the amount you pay on the sliding scale up or down. If you need a receipt to submit to your insurance, please let us know.

We reserve an appointment for you and ask that you call us if you cannot keep your appointment. In consideration of other patients who may be on a waiting list for an appointment, we ask that you give us at least 24 hours notice if you need to cancel an appointment. **All appointments that are cancelled or rescheduled with less than 24 hours advance notice, and all appointments missed without notice, will be charged a \$30 fee.**

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

Print Name _____	Signature _____	Date _____
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Please present a government issued photo ID upon arrival. Thank you.



Aloha Mai! Welcome!

A few important things about community acupuncture at our clinic:

We treat in a group setting.

We treat everyone together in treatment rooms or community spaces, with patients seated in recliners and laying on massage tables, using 5-10 acupuncture points on the arms and legs, sometimes head and belly.

We charge on a sliding scale.

We offer treatments on a sliding scale of \$40-\$80. You choose the amount you'd like to pay on the sliding scale based on what's affordable for you; there is never any need to prove your income. We also offer a Simple Stress Relief Balancing Acupuncture for \$30. Please select the service you are choosing when you schedule.

Healing with community acupuncture is a process.

It's rare to resolve a health problem with one acupuncture treatment. We recommend regular, frequent acupuncture, especially when you first start treatment. Our goal is to support your healing process and for you to feel better as quickly as possible.

We are a sustainable community business model.

You can help us keep our prices low for everyone by showing up on time for your scheduled appointments, being respectful of your fellow patients and the community space, and referring your friends and family. We appreciate your support and participation.

We're glad you're here.

We hope you enjoy the clinic as much as we do. Please make yourself comfortable and if that means you need to bring earplugs or headphones, or a pillow from home, that's fine with us. Part of our success is that patients learn the routine and make the space their own.

On the day of your first appointment:

Plan to be at the clinic for 45-50 minutes. Wear loose, comfortable clothing with sleeves that can be rolled up to the elbows and pants that can be rolled up to the knees. The treatment room has soft, soothing music playing, but you may bring earplugs or headphones if you prefer to listen to your own music. Please eat a little something beforehand. Acupuncture is not recommended on an empty stomach. No strenuous activity after acupuncture.

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Privacy Policy

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. We comply with all HIPAA privacy rules to protect the privacy of your private health information. We never market or sell your personal information.

Your Rights

You have the right to:

Get a copy of your paper or electronic medical record; Correct your paper or electronic medical record; Request confidential communication; Ask us to limit the information we share; Get a list of those with whom we have shared your information; Get a copy of this privacy notice; Choose someone to act for you; File a complaint if you believe your privacy rights have been violated;

Our Uses and Disclosures; We may use and share your information as we:

Treat you; Run our organization; Bill for your services; Help with public health and safety issues; Do research; Comply with the law; Respond to organ and tissue donation requests; Work with a medical examiner or funeral director; Address workers compensation, law enforcement, and other government requests; Respond to lawsuits and legal actions

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Terms of this Notice

This policy is effective as of September 1, 2025. You may request a full written copy of our privacy policy at any time. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office.