

Welcome!



1. Please arrive on time with your paperwork completed. You can complete the paperwork online by logging into manyrivers.janeapp.com.
2. There is a \$15 fee for appointments cancelled without 24 hours' notice and a \$20 fee for no-shows.
3. If there is no receptionist, please see the sign on the front desk for instructions.

Directions



Mailing address:
PO Box 533, Bloomfield CT 06002

**Street address: 3 Barnard Lane, Suite 205
Bloomfield CT 06002**

Cross street: Bloomfield Avenue (Rte. 189)

The parking lot and an accessible entrance are at the rear of the building on the ground floor.

Suite 205 is on the first floor. The stairs to the first floor are immediately to the left as you enter the building from the parking lot, or go straight past the stairs to the elevator.

Note: To get to our floor, press the 1 button in the elevator. The ground floor and parking level are button B in the elevator.

Thanks from all of us at Many Rivers!
We're looking forward to helping you on your path to health.

Patient Information	Contact Information
Name: _____ Date: _____ Nickname: _____ Preferred pronoun <input type="checkbox"/> She <input type="checkbox"/> He <input type="checkbox"/> Other: _____ Address: _____ City: _____ State: _____ Zip: _____ Age: _____ Date of Birth: _____ Occupation: _____ How did you hear about us? _____ Would you like to receive our email newsletter? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email: _____ Home phone: _____ Work phone: _____ Cell phone: _____ Where can we leave a message for you? (check all that apply) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell Emergency contact name: _____ Relationship: _____ Emergency contact phone: _____
Medical History	Conditions to Treat
Check conditions you have now or have had in the past: <input type="checkbox"/> Bleeding disorders <input type="checkbox"/> Lymphedema <input type="checkbox"/> Diabetes <input type="checkbox"/> Lymph node removal <input type="checkbox"/> Dizziness / fainting <input type="checkbox"/> Pacemaker <input type="checkbox"/> Hepatitis <input type="checkbox"/> Seizures / epilepsy <input type="checkbox"/> HIV /AIDS <input type="checkbox"/> Stroke <input type="checkbox"/> Immune system problem Are you pregnant or trying to get pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No List medications/herbs/supplements: Anything else we need to know?	① _____ When did this start?: _____ Severity?: 1 ———— 5 ———— 10 ② _____ When did this start?: _____ Severity?: 1 ———— 5 ———— 10 ③ _____ When did this start?: _____ Severity?: 1 ———— 5 ———— 10

Informed Consent

Like all medical treatments, acupuncture can cause side effects, including but not limited to the following:

- Drowsiness after treatment occurs in a small number of patients.
- Minor bleeding or bruising occurs in about 3% of treatments.
- Pain during or after treatment occurs in about 1% of treatments.
- Dizziness or fainting during or immediately after a treatment occurs very rarely. To help avoid this, please do not receive acupuncture on an empty stomach or on an overly full stomach.
- Rashes, infection, or other injury or side effects are *extremely rare*.

Disclosure: I agree to contact my practitioner immediately if I experience any problem which I associate with an acupuncture treatment and will seek immediate help from a physician / hospital if I experience a medical emergency. During the course of treatment, I agree to inform my acupuncturist of any changes in my health issues. I will notify my acupuncturist should I become pregnant or if I am in the process of trying to get pregnant.

Consent: I confirm that I have carefully read and understand all of the above information and am fully aware of what I am signing. I understand that I may ask my practitioner for a more detailed explanation. I hereby release Many Rivers Community Acupuncture, LLC; Carrie Sawtell; and all others operating as employees or subcontractors of Many Rivers Community Acupuncture, LLC from any and all liability that may occur in connection with the treatment I receive. I hereby give my consent to treatment.

Signature of Patient: _____

Printed Name: _____ **Date:** _____



Patient Responsibility Policies

Welcome to our community! We provide high quality acupuncture at an affordable price. Our policies are designed to maximize efficiency and minimize costs, to keep our prices low and provide affordable acupuncture to as many people as possible.

Please initial your consent below:

Initials

<p>Treatment fees: <i>Pay whatever you wish on this scale, no questions asked!</i> New Patients: \$30 - \$50 sliding scale (this includes the \$10 new patient fee) Returning patients: \$20 - \$40.</p>	
<p>Missed appointment fees: <i>To keep our prices affordable, we have a <u>strict cancellation policy</u>. It is your responsibility to make sure that appointments are made and changed/cancelled correctly. The only exception to these fees is cancellations because of inclement weather.</i></p> <p>Late cancellation fee: \$15 for cancellations made with less than 24 hours' notice No-show fee: \$20</p> <p>The online scheduler will not allow you to cancel appointments with less than 24 hours' notice. You will need to call us promptly at (860) 683-0011 and leave a voicemail to cancel or reschedule.</p>	
<p>Other payment info:</p> <ul style="list-style-type: none"> • If you need a receipt for insurance or HSA/FSA, take one at the payment station and have your acupuncturist sign it. Or ask us to print a receipt for multiple dates. • Payment is due at time of service. We cannot accept pre-payment for future treatments. • Bounced check fee: \$20 	
<p>Late arrival: You are expected to be in your chair and ready for needles at your appointment time. Your appointment with your acupuncturist is <u>10 minutes</u>. We will do our best to accommodate you if you arrive late, but we will first treat those who arrived on time. If you are late and we are unable to fit you in, we will consider it a missed appointment and will assess the <u>\$20 fee</u>.</p>	
<p>Treatment time: You may rest with your needles for 45 minutes – 1 hour. The clinic closes 1 hour after the last appointment time (at 2 pm for the morning shift and 8 pm for the evening shift).</p>	
<p>Quiet clinic policy: To maintain a quiet space, please silence your cellphone <u>before</u> entering the clinic, and always talk in a quiet voice or whisper. We encourage you to listen to music or guided meditation on headphones, provided it is not audible others.</p>	
<p>Communication: Acupuncture feels great! If for some reason you do not feel comfortable, please let us know immediately by making eye contact with a staff member.</p>	
<p>Safety: Please do <u>not</u>: walk in the clinic without shoes, leave your chair while needles are inserted, or remove your own needles.</p>	
<p>Commitment: Acupuncture is a process. It is very rare for acupuncture to resolve a problem with only one treatment. On your first visit, we will suggest a course of treatment based on your treatment goals. In order to get good results, it is important to commit to the treatment process.</p>	

Printed name: _____ Date: _____