

WCA/POCA TECH Student Clinic PATIENT RESPONSIBILITIES

At WCA and the POCA Tech Student Clinic, our goal is to make acupuncture available to people who can benefit from it, even if they don't have a lot of money. That's why we charge as little as we possibly can, and we keep our business running because we treat a lot of patients. **Community acupuncture only works because our patients treat the clinic like a shared resource that they really care about.** You're not a customer here, you're a participant. When you get acupuncture here, you are helping other people get acupuncture. Your presence in the treatment room supports other people's healing.

Our low fee means that our operating margins are razor-thin. We're not complaining, because we've got the best jobs in the world—also, the best patients. We know that things come up, but with how little we charge, **we need you to be responsible for keeping your appointments.** If you don't show up or if you cancel on short notice, it impacts our operations and may prevent another patient from getting the acupuncture they need.

WCA and the POCA Tech Student Clinic run on co-operation. We need jobs and you need acupuncture. If we co-operate, we believe that we can all get what we need even though none of us have a lot of money.

As a patient, your responsibility is to give at least 24 hours notice to cancel an appointment. You must also give the 24 hours notice to change it to another day.

If you don't show up to your appointment or if you cancel with less than 24 hours' notice, you will need to pay a fee of \$10. The last thing we want is for you to pay \$10 to *not* get acupuncture. We do this whole thing because we want you to *get* acupuncture! So please come in for your appointments and give appropriate notice when you need to cancel.

To cancel on short notice, you must call. Please do not email us about cancellations.

There are different levels of co-operation. At the meta-level, there is **POCA, the People's Organization of Community Acupuncture**, a co-op that we helped found and that we belong to. **If you want to help the community acupuncture movement, you can join POCA as a member too (www.pocacoop.com).** We'd love that. However, you don't have to be a member of POCA to get acupuncture here.

Some people who staff the front desk are POCA co-op member volunteers. They are giving their time so that WCA and the POCA Tech Student Clinic can continue without having to raise our fees above the sliding scales - \$15-\$35 at WCA and \$10 at POCA Tech. **It is your responsibility to treat our POCA volunteers with patience and respect.** We need you to be nice and stay calm, even if a volunteer makes a mistake or you need to wait longer than you'd like.

By signing this form I understand I am a cooperative participant in my treatment at WCA and/or the POCA Tech Student Clinic. This means giving 24 hours' notice if I can't attend an appointment I've made, paying the fee if I don't give enough notice, treating personnel with respect, and understanding that WCA and/or the POCA Tech Student Clinic is not a conventional business but rather a cooperative endeavor.

Patient Name

Patient Signature (or Representative)

Date

WCA/POCA Tech INFORMED CONSENT TO TREAT

I consent to receive acupuncture treatment and other procedures within the scope of acupuncture practice (for myself or for the patient named below, for whom I am legally responsible) from acupuncturists at Working Class Acupuncture (WCA) or the student interns and clinical supervisors of the POCA Tech Student Clinic. All treatments by student interns are given under direct supervision of clinical supervisors. This treatment may include, but is not limited to: acupuncture, Chinese herbal medicine, and moxibustion.

I understand that acupuncture involves the insertion of fine needles at specific points on the body. Acupuncture is generally considered to be a very safe method of treatment, but I understand that side effects can occur. Possible side effects of acupuncture include bruising, bleeding, numbness or tingling near the needling sites that may last a few days, dizziness, and fainting. Unusual risks of acupuncture include infection, spontaneous miscarriage, seizures, nerve damage, and organ puncture, including lung puncture (pneumothorax). We use sterile, single-use acupuncture needles and maintain a clean and safe environment.

If an acupuncturist recommends it, I may choose to use Chinese patent herbal medicine. Chinese patent herbal medicine is generally considered to be very safe, but I understand that herbs should be taken as directed by the acupuncturist. Some may be toxic in large doses or inappropriate during certain conditions such as pregnancy. I will immediately notify an acupuncturist if I experience any unpleasant side effects while taking herbs. Possible side effects of Chinese patent herbal medicine include nausea, gas, stomachache, vomiting, diarrhea, rashes, hives, and tingling of the tongue.

I understand that moxibustion involves burning small quantities of the herb mugwort on or above the skin. Possible side effects of moxibustion include burning and scarring. Most treatments do not include moxibustion.

I understand that WCA and the POCA Tech Student Clinic provide acupuncture in a community setting. The purpose of this setting is to allow as many people as possible to access treatment and to decide for themselves how they wish to use acupuncture to manage their health. Common side effects of acupuncture treatment in a community room include deep relaxation, falling asleep, and snoring. I understand that if I need to be woken up at a certain time, I will let reception staff and my acupuncturist or my student intern and clinical supervisor know. I understand that I might be too relaxed to drive immediately after treatment. If other people's snoring bothers me, I understand that I need to bring earplugs or headphones. I understand that at times, someone else might be sitting in my favorite recliner. I understand that community acupuncture involves actual community with a wide variety of people, and may at times require some flexibility, patience, or understanding from me.

I understand that acupuncture needles are very small; a different practitioner may remove the needles than the one who inserted them; and so I may need to help my acupuncturist or student intern locate all of the needles at the end of my treatment and before I leave the clinic. I understand that community acupuncture clinics need to treat a high volume of patients in order to keep their prices low, and I am willing to participate in my own treatment process.

I understand that while this form describes major risks of treatment, other side effects and complications may occur. I do not expect the acupuncturist and/or student interns and clinical supervisors to be able to anticipate or explain all possible risks and complications of treatment. I understand that results are not guaranteed.

I understand that acupuncture is a process, and that results will be best when I receive acupuncture regularly and as frequently as my acupuncturist and/or student interns and clinical supervisors recommends. I will ask my acupuncturist and/or student interns and clinical supervisors if I have questions about my treatment or about the risks and benefits of acupuncture. I will notify acupuncturist and/or student interns and clinical supervisors if I am or become pregnant.

I understand that my records will be kept confidential and will not be released without my written consent. Clinical and administrative staff may review my records as needed.

I have read this information (or had it read to me), and I have had an opportunity to ask questions. By signing below I voluntarily give consent to receive acupuncture as treatment for my present condition and for any future conditions.

Patient Name

Patient Signature (or Representative)

Date

Acupuncturist/Clinical Supervisor Name

Acupuncturist/Clinical Supervisor Signature

Date

WORKING CLASS ACUPUNCTURE / POCA TECH STUDENT CLINIC

WWW.WORKINGCLASSACUPUNCTURE.ORG / WWW.POCATECH.ORG

Health History Questionnaire and Registration

PATIENT INFORMATION	CONTACT INFORMATION
<p>Today's date ___ / ___ / _____</p> <p>Name _____ <small>(first) (middle) (last)</small></p> <p>Birth date ___ / ___ / _____ Age _____</p> <p>Gender identity (optional): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other _____</p> <p>Preferred pronoun(s) _____</p> <p>Occupation _____</p> <p>Company name _____</p> <p>How did you hear about us? _____</p>	<p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Cell phone _____</p> <p>Work phone _____</p> <p>Other/home phone _____</p> <p>Email _____</p> <p>Another person we may contact if needed: Name _____ Relationship _____ Cell phone _____</p>
HEALTH HISTORY	
<p>What are your primary reasons for coming in for treatment?</p> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p> <p>How is your sleep? _____</p> <p>How is your digestion? _____</p> <p>List medications or food supplements you are taking.</p> <p>_____</p> <p>_____</p> <p>List serious illnesses, accidents or surgeries.</p> <p>_____</p> <p>_____</p> <p>Check illnesses that have occurred in blood relatives.</p> <p>___ Diabetes ___ Stroke ___ High blood pressure ___ Cancer ___ Heart disease ___ Kidney disease</p>	<p>Check symptoms you have or have had in the last year:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Depression <input type="checkbox"/> Difficulty in focusing <input type="checkbox"/> Dizziness <input type="checkbox"/> Easily startled <input type="checkbox"/> Excessive worry <input type="checkbox"/> Excessive anger <input type="checkbox"/> Excessive fear <input type="checkbox"/> Fatigue/tiredness <input type="checkbox"/> Headaches <input type="checkbox"/> Loss of sleep/poor sleep <input type="checkbox"/> Loss or gain of weight <input type="checkbox"/> Nervousness/irritability <input type="checkbox"/> Overwhelmed by life <p>Check conditions you have or have had in the past:</p> <ul style="list-style-type: none"> <input type="checkbox"/> AIDS <input type="checkbox"/> Allergies <input type="checkbox"/> Anemia <input type="checkbox"/> Arthritis <input type="checkbox"/> Bleeding disorders <input type="checkbox"/> Breast lump <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> <p>How long has it been since you have had a complete medical exam? _____</p>

HEALTH HISTORY... (CONTINUED)

Check symptoms you have or have had in the last year:

MUSCLE/JOINT/BONES

- Tremors or Cramps
- Swollen joints

Pain, weakness, numbness in:

- Arms or Hips
- Back or Legs
- Feet
- Neck
- Hands
- Shoulders
- Other _____

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
- Ringing in ears
- Sinus problems

SKIN

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

GENITO/URINARY

- Blood/pus in urine
- Frequent urination
- Inability to control urine
- Kidney infection/stones
- Lowered libido

CARDIOVASCULAR

- Chest pain
- Hardening of arteries
- High or low blood pressure
- Pain over heart
- Poor circulation
- Previous heart attack
- Rapid/irregular heart beat
- Swelling of ankles

GASTROINTESTINAL

- Belching, gas or bloating
- Colon trouble
- Constipation
- Diarrhea
- Difficulty swallowing
- Distention of abdomen
- Excessive hunger
- Gall bladder trouble
- Hemorrhoids (piles)
- Indigestion
- Nausea
- Pain over stomach
- Poor appetite
- Vomiting

IF APPLICABLE:

- Erection difficulties
- Penis discharge
- Prostate trouble
- Bleeding between periods
- Clots in menses
- Excessive menstrual flow
- Extreme menstrual pain
- Irregular cycle
- Menopausal symptoms
- PMS
- Previous miscarriage
- Scanty menstrual flow

Could you be pregnant? _____

SIGNATURE

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

Signature _____

Date _____

**Working Class Acupuncture / POCA Tech
Procedures, Alternatives, Risks, and Questions (PARQ) Form**

The state of Oregon requires the practitioners of Working Class Acupuncture (WCA) and/or the POCA Tech Student clinic (student interns and clinical supervisors) to utilize a **Procedures, Alternatives, Risks and Questions (PARQ)** Conference with all patients.

In this PARQ conference the acupuncturist will explain the following:

- (a) in general terms the **procedure** or treatment to be undertaken;
- (b) that there may be **alternative** procedures or methods of treatment; and
- (c) that there are **risks**, if any, to the procedure or treatment.

For our purposes, this means:

P -- The only treatment this clinic provides is acupuncture. (Moxabustion and Chinese patent herbal medicine may infrequently be provided as adjuncts; most patients will only receive acupuncture here.)

A -- There are many alternative procedures and methods of treatment to acupuncture, depending on a person's chief complaint. In biomedicine, there are medications, surgery, and physical therapy (to name only a few); for alternative medicine, there are chiropractic adjustments, massage therapy, and homeopathy (to name only a few). Since this clinic only provides acupuncture, if you are interested in alternative procedures, we encourage you to consult your primary care provider who can make recommendations based on your individual concerns.

R -- The risks of acupuncture, moxa, and Chinese herbal medicine are detailed on our informed consent form. Please ask your acupuncturist and/or student intern and clinical supervisor if you have any questions about the risks listed on this form.

Q -- Please let us know if you have any questions about acupuncture, alternatives to acupuncture, or risks of acupuncture, or any other aspect of the WCA and/or POCA Tech Student Clinic. It's important to us that you feel fully informed and that all our operations are transparent.

I have read and understood the above:

Signature of Patient or Patient Representative

Date

Patient Name