



Welcome to Tao Institute of Mind & Body Medicine

General Patient Information

Doctor's Name _____

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____ Cell Phone _____

Email _____

Date of Birth _____ Age _____ Gender _____

Employed By _____

Occupation _____ Work Telephone _____

Spouse (if married) or Parent (if minor) _____

Address _____

Employed By _____

Occupation _____ Work Telephone _____

Person responsible for payment _____

Referral Information

Name _____

Address _____

Phone _____



HIPAA NOTICE OF PRIVACY PRACTICES

We are required by law to maintain the privacy of Protected Health Information and to provide individuals with the Notice of our legal duties and privacy practices with respect to Protected Health Information.

Your signature below is an acknowledgement that you have received this Notice of our Privacy Practices.

By signing this form you are also allowing our office to:

1. Confirm appointments by telephone. Please list the phone number that you prefer us to call: _____;
2. Disclose medical information requested by other treating physicians;
3. Leave messages or discuss medical information with your pharmacist;
4. Disclose medical information to your insurance company;
5. Request medical records and/or medical information when necessary from other physicians or health care facilities

I hereby give permission to disclose health information about me to the following people:
(Please print name on the line provided)

Wife/Husband: _____
Daughter/Son: _____
Mother/Father: _____
Other: _____

In the event of a billing issue, do you give permission for us to discuss your bill with someone other than yourself? YES _____ NO _____

If referred, please provide:

Doctor's name _____ Phone # _____

If yes, please list name(s) _____

I have the right to withdraw or revise my permission at any time, in writing. I understand that I must give 24 hours notice (unless for illness) to cancel a scheduled appointment or be charged \$100.00 per missed appointment.

Print name: _____

Signature: _____ Date: _____



Patient Cancellation and No Show Policy

In order to provide you with the best care possible, we ask that you make every effort to keep your scheduled appointments and arrive in a timely manner.

If you need to reschedule or cancel an appointment, we require a minimum of 24hrs notice. Please call the office at 856-802-6888.

“No shows” or last minute cancellations also leave empty appointment times, as well as other patients waiting to receive medical care. For that reason, clients that do not honor their appointments will be charged a cancellation fee as follows:

Cancellations & No Shows

- **If we are given less than 24hours notice there will be a \$100 cancellation fee.**
- **You will be charged for your session if you are a no show for your scheduled appointment.**

We realize that on a rare occasion, emergencies may arise and we will address these situations with you at that time.

We thank you for working with us to ensure services are provided to you in the best possible way.

Acknowledgement of Cancellation & No Show Policy

Name: _____

Signature: _____

Date: _____

Please read this information carefully, and ask your practitioner if there is anything that you do not understand.

What is acupuncture?

Acupuncture is a form of therapy in which fine needles are inserted into specific points on the body.

Is acupuncture safe?

Acupuncture is generally very safe. Serious side effects are very rare – less than one per 10,000 treatments.

Does acupuncture have side effects?

You need to be aware that:

- drowsiness occurs after treatment in a small number of patients, and, if affected, you are advised not to drive;
- minor bleeding or bruising occurs after acupuncture in about 3% of treatments;
- pain during treatment occurs in about 1% of treatments;
- existing symptoms can get worse after treatment (less than 3% of patients) -- You should tell your acupuncturist about this, but it is usually a good sign;
- fainting can occur in certain patients, particularly at the first treatment.

In addition, if there are particular risks that apply in your case, your practitioner will discuss these with you.

Is there anything your practitioner needs to know?

Apart from the usual medical details, it is important that you let your practitioner know:

- if you have ever experienced a fit, faint or funny turn;
- if you have a pacemaker or any other electrical implants;
- if you have a bleeding disorder;
- if you are taking anti-coagulants or any other medication;
- if you have damaged heart valves or have any other particular risk of infection.

Single-use, sterile, disposable needles are used in the clinic.

Statement of Consent

I confirm that I have read and understood the above information, and I consent to having acupuncture treatment. I understand that I can refuse treatment at any time.

Signature _____

Date

Print Name in full _____

Please read this information carefully, and ask your practitioner if there is anything that you do not understand.

What is Chinese herbal medicine?

For more than 5,000 years, Chinese herbal medicines have helped people live longer, healthier lives. "Herbal medicine" refers to the use of a plant's seed, berries, roots, leaves, bark or flowers for medicinal purposes. Chinese medicine treats the whole person and not the disease—each prescription will be matched exactly to your condition and needs.

Is Chinese herbal medicine safe?

Chinese herbal medicine is generally very safe.

Does Chinese herbal medicine have side effects?

If Chinese herbs are prescribed by a qualified practitioner and the formula matches the pattern, they are virtually without side effects. Most Chinese medicinal have very low toxicity. Toxic parts of plants are removed or processed to eliminate toxicity. Herbs with potential side effects are combined appropriately and given in small doses only. The most common side effect may be some bloating because of the cloying nature of tonic herbs. This can easily be corrected by adding digestive herbs into the prescription.

In addition, if there are particular risks that apply in your case, your practitioner will discuss these with you.

Is there anything your practitioner needs to know?

Chinese medicine diagnosis is made based on "discrimination of patterns of disharmony". The practitioner will take a thorough health history, ask questions regarding all body functions, feel the wrist pulse, look at the tongue and palpate certain body areas. The various findings are combined into a composite diagnosis regarding which body systems are in disharmony, based on Chinese medical theory. All medicinal substances as well as foods are classified and described according to several categories, e.g. their flavor, their energetic temperature and their therapeutic properties.

Statement of Consent

I confirm that I have read and understood the above information, and I consent to taking Chinese herbal medications as prescribed. I understand that I can refuse treatment at any time.

Signature _____ Date _____

Print Name in full _____



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Referral Source

Please tell us who referred you to Tao Institute? _____

Please list all of your doctors (i.e. Primary Care, Therapist, Chiropractor, etc.)

Name: _____
Specialty: _____
Address: _____
Tele #: _____

Name: _____
Specialty: _____
Address: _____
Tele #: _____

Name: _____
Specialty: _____
Address: _____
Tele #: _____

Name: _____
Specialty: _____
Address: _____
Tele #: _____

*** IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON THE OTHER SIDE**