



Tucson Community Acupuncture

2900 E. Broadway Blvd. Ste. 170, Tucson, AZ 85716
(520) 881-1887 www.tucsoncommunityacupuncture.org

Welcome to Tucson Community Acupuncture

Tucson Community Acupuncture is one of many community acupuncture clinics established in the country who are members of the People's Organization of Community Acupuncture (POCA). Our common goal is to make acupuncture affordable for nearly everyone, utilizing a sustainable business model that works for patients and practitioners.

We Have a Sliding Scale

We offer treatments on a sliding scale of \$20-\$40 with an additional one-time \$5 consultation fee for the first appointment. You decide what you can afford. There is never any need to prove your income. Our only goal is for you to be able to find out how useful acupuncture can be for you. Acupuncture is most effective for current health concerns when it is done frequently and regularly. We've found this to be especially true at the beginning of a course of treatment.

Acupuncture is a PROCESS. It is very rare for any person to be able to resolve a problem completely with one treatment. Frequent treatment is much more likely to lead to relief. Your acupuncturist will suggest a course of treatment based on the intensity and duration of your health concern. Twice a week is usually the minimum needed to get some momentum moving ahead with any persistent health issue—though more frequent visits are common for short periods of time if the problem is quite intense. If you don't come in often enough or for enough treatments, acupuncture may not work as well for you.

We Treat in a Community Room

We believe a group setting has many benefits: it's easier for friends and family to come in together and allows patients to keep their needles in for longer periods of times. Most people learn after a few treatments when they feel 'done.' This can take anywhere from twenty minutes to an hour or so.

The treatment room is meant to remain a quiet space for you and others to rest, sleep, and sort it all out. Its atmosphere exists through our patients relaxing together. We appreciate everyone's presence—we find this kind of collective stillness a rare and valuable thing in our rushed and isolating society. Please keep your voice low and cell phone off inside the treatment room and refrain from wearing fragrances on the day of your visit, as these can cause allergies or headaches for others. Feel free to bring items that will make you more comfortable during your treatment such as ear plugs, headphones, or a pillow.

Our Commitment to You

We want our community to be welcoming to all different kinds of people. We want to give you the tools to take care of your own health in a safe environment with skilled, experienced practitioners. We will always be available to listen to any feedback you may have about TCA. We will do all of this with a sense of humor and help from you as well. Please enjoy the space and time to do your work. We are happy you are here.

- The Whole TCA Staff & Family



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Registration & New Patient Form

Name: _____ Today's Date: _____
 Address: _____ Best Phone: _____
 City: _____ State: _____ Zip: _____
 Email Address: _____
 Occupation: _____ Date of Birth: _____ Age: _____
 Primary Care Doctor: _____ Have You Had Acupuncture
 How Did You Hear About Us? Previously? Yes No

Main Complaint: _____

When did this start? _____

Rest/less activity makes it better no change worse

Exercise/more activity makes it better no change worse

_____ makes it better no change worse

Does this pain/issue
interfere with your
daily activities?
(circle one)

Yes or No

Please rate the intensity of your complaint from 0 being no pain and 10 being the worst you can imagine.
Mark B for when intensity is at its BEST and W for at its WORST.

0 2 5 8 10

Secondary Complaint: _____

When did this start? _____

Rest/less activity makes it better no change worse

Exercise/more activity makes it better no change worse

_____ makes it better no change worse

Does this pain/issue
interfere with your
daily activities?
(circle one)

Yes or No

Please rate the intensity of your complaint from 0 being no pain and 10 being the worst you can imagine.
Mark B for when intensity is at its BEST and W for at its WORST.

0 2 5 8 10

Are there any other concerns you'd like us to know about?

How is your sleep? _____

Do you wake up tired in the morning? _____

How is your appetite/digestion? _____

Do you feel like you have enough energy to get through the day? _____

Is there anything else you'd like us to know about you? _____



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Financial Policy

TCA is a low-cost, high volume community acupuncture clinic. Our fees are \$20-\$40 per treatment, with an additional \$5 fee for the first consultation. You decide what you can pay at each visit. We will never ask for income verification and trust that you know best what you can afford to pay for your treatment. We make every attempt to make acupuncture available to as many people as possible at the most affordable rates.

Payment is expected at the time of your visit. We accept checks, cash, Visa, Discover, and Mastercard. We ask that you be prepared to pay for your treatment each time you come in. At any time you may change the amount that you pay on the sliding scale up or down. We are not able to directly bill any insurance plans or other third parties, but will happily provide you a receipt to submit for reimbursement. Just ask.

We reserve an appointment time for you and ask that you call us if you cannot keep your appointment. In consideration of other folks who may be on a waiting list for appointments, we ask that you give us at least 12 hours notice in advance of an appointment that you will not be able to keep.

All appointments that are canceled with less than 12 hours notice, or are missed altogether without letting our front desk know, will be charged a \$10.00 fee payable at the next visit.

We do also recognize that emergencies happen, and would be happy to consider these on an individual basis, of course. Thanks for understanding and in doing so, helping us to keep our fees as low as possible.

I agree to the above policy:

Patient Name: _____ (if under 18, guardian should sign)

Signature: _____ Date: _____

Informed Consent

Acupuncture involves the insertion of special needles into particular points on the body. The purpose of this treatment is to prevent or reduce pain and to help your body function better. There are some risks to treatment, including bruising of the skin and/or slight bleeding, weakness, fainting and aggravation of symptoms existing prior to acupuncture treatment. There is little to no risk of infection when all needles are sterile. TCA uses only one-time use, sterile disposable needles. We do not reuse needles, even at different areas of the body for the same person.

We do not provide primary care, nor Western (allopathic) medical care. Please see your medical doctor for those services and for routine check-ups. If you are pregnant, have a bleeding disorder, pacemaker, high blood pressure, local infection or have been prescribed anticoagulant medications like Coumadin, by signing below you state that you have informed your acupuncturist of such conditions.

With this knowledge, I voluntarily consent to the above procedures.

Patient Name: _____ (if under 18, guardian should sign)

Signature: _____ Date: _____