

PranaTonic

Yoga and Wellness

807 14th Street Golden, CO 80401

303-274-5733

Name _____ Date _____

How did you hear about us? _____

Would you like appointment reminders via text? Y N

Street _____ E-Mail _____

City/State _____ Cell Phone _____

Zip _____ Other Phone _____

Occupation _____ Employer _____

Birth date/age _____ Marital Status _____ Sex _____

Emergency Contact (Name & Phone) _____

Please state your major health concerns:

1 _____ Date appeared _____

2 _____ Date appeared _____

3 _____ Date appeared _____

Related to employment? Y N Related to accident? Y (Date _____) N

Other professionals consulted? _____

Diagnosis received? _____

Have you received any treatment? What? _____

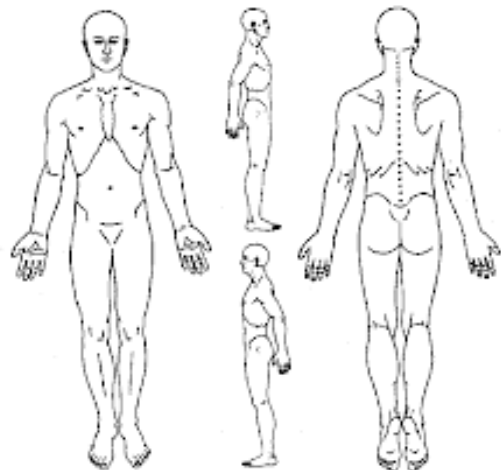
What makes it better? _____

What makes it worse? _____

Please rate your pain on 1-10 scale (1 = very little pain, 10 = worst pain of your life):

Now _____ At its worst _____

Please mark area(s) of pain on the figure(s):



Please describe your pain:

- Sharp
- Dull
- Aching
- Burning
- Numbness/tingling
- Other

Health History

Name _____

Please circle health challenges:

Low back pain	Neck pain	Muscle pain	Joint pain	Abdominal pain	Seizures
Strange sensations	High BP	Low BP	Skin sensitivity	Poor appetite	Excess hunger

Please circle conditions you currently have OR have had in the past:

Alcoholism	Anemia	Anxiety/depression	Arteriosclerosis	Arthritis	Cancer
Chorea	Cold sores	Diabetes	Diphtheria	Eczema	Emphysema
Epilepsy	Fibromyalgia	Goiter	Gout	Heart disease	Hemorrhoids
Hepatitis	Hernia	Herpes	HIV	Influenza	Malaria
Measles	Miscarriage	Mononucleosis	Multiple sclerosis	Mumps	Pleurisy
Pneumonia	Polio	Rheumatic fever	Scarlet fever	Sciatica	Stroke
Tuberculosis	Typhoid fever	Ulcers	Varicose veins	Venereal disease	Whooping cough

WOMEN ONLY:

Abnormal pap smear	Bleeding between periods	Breast lump	Contraceptive use
Extreme menstrual period	Hot flashes	Nipple discharge	Painful intercourse
Date of last period _____		Date of last pap smear _____	
Most recent mammogram _____		Where? _____	
Number of children _____		Number of pregnancies _____	

MEN ONLY:

Breast lump	Erection disorder	Lump in testicles	Penis discharge	Prostate disorder	Sore penis
-------------	-------------------	-------------------	-----------------	-------------------	------------

Surgical implants (please include date):

Spinal fusion _____	Joint replacement _____
Pacemaker _____	Other _____

List any other surgeries (please include date):

Have you been involved in an automobile accident or other serious injury? Y N

Please explain: _____

Loss of consciousness? Y N Other complications: _____

Please list current medications: _____**Habits:**

- Tobacco (per day/week) _____
- Alcohol (per day/week) _____
- Caffeine (per day/week) _____
- Recreational drugs _____
- Other _____

Exercise:

- Times per week _____
- Type _____
- None

Major Stressors (please rate each 1-10, low to high):

- Financial
- Work-related
- Family
- Relationships

Wellness Assessment (please rate 1-10, low to high):

- Physical
- Mental
- Emotional
- Spiritual

**COLORADO MANDATORY DISCLOSURE STATEMENT
PRACTITIONER EDUCATION & EXPERIENCE**

Kimball Cicciu, L.Ac., E-RYT, Certified Group Exercise Instructor (AFAA)

Kimball Cicciu graduated from Florida Institute of Traditional Chinese Medicine and was awarded a diploma in 1999. Following this three-year program including 2082 didactic hours and more than 800 clinical training hours, Kimball was certified as a Licensed Acupuncturist by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), February 1999 and has been practicing ever since. She has successfully completed the Clean Needle Technique course offered by NCCAOM. Kimball Cicciu is trained in and qualified to prescribe Chinese Herbs. She is also trained in Chinese diagnostic technique, acupuncture treatments, cupping, moxibustion therapy, auricular therapy, electrical stimulation, and massage (tui-na). Kimball has been teaching fitness and yoga since 1990 and is a Certified Group Exercise Instructor (AFAA) and an Experienced Registered Yoga Teacher (Yoga Alliance).

Dr. Adam Groch, DC

Dr. Adam Groch graduated from National University of Health Sciences in St Petersburg, FL with his Doctorate of Chiropractic Medicine, and is Board Certified in Acupuncture, Electrotherapy, and Physiotherapy. He also has Bachelors of Science degrees in Human Biology from the University of Western States, and in Business Administration from Appalachian State University.

Greg Cicciu, L.Ac

Greg graduated from Florida Institute of Traditional Chinese Medicine and was awarded a diploma in 1998. Following this three-year program including 2082 didactic hours and more than 800 clinical training hours, Greg was certified as a Licensed Acupuncturist by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), September 1998 and has been practicing ever since. He has successfully completed the Clean Needle Technique course offered by NCCAOM. Greg Cicciu is trained in and qualified to prescribe Chinese Herbs. He is also trained in Chinese diagnostic technique, acupuncture treatments, cupping, moxibustion therapy, auricular therapy, electrical stimulation, and massage (tui-na).

Marianne Kaplan, LMT

Marianne Kaplan is a Licensed Massage Therapist and graduated from the Colorado School of Healing Arts the summer of 2015. Her two-year program included Craniosacral therapy and Manuel Lymphatic Drainage Massage Therapy along with Swedish Massage Therapy, Deep Tissue Massage, and Muscle Energy Techniques. She is also a Certified Reflexologist (Foot and Hand) and is a Teacher's Assistant in the Reflexology Department at Red Rocks Community College. She also is a Usui Reiki Master. As a Therapeutic Touch and Reiki Practitioner, Marianne often integrates into her practice Healing Touch, Reiki & Aromatherapy using Youngliving Essential Oils and Hydrostone (Hot & Cold) Therapy. Marianne is also a certified Trauma Touch Therapist and Yoga Alliance Certified Yoga Teacher and has practiced yoga for a number of years.

Ms. Curtis Phillips, LMT

Curtis is a Licensed Massage Therapist, certified Reflexologist and Reiki Master. She graduated from the Potomac Massage Training Institute in Washington, D.C. and received national certification through the National Certification Board for Therapeutic Massage and Bodywork. She is also trained in Swedish and Deep Tissue Massage, Trigger Point, Cranial Sacral Therapy, Trager, Advanced Myofascial Release, PUSH Therapy, energy work training in Reiki and Shen Therapy and aromatherapy training. She has taught Deep Tissue Massage and Foot and Hand Reflexology to massage students and the public. Her bodywork sessions incorporate all that she has learned in trainings and life.

FEESCHEDULE

Initial Acupuncture Treatment and Examination	\$120
Acupuncture Follow-up includes Chinese medical modalities and herbal recommendations	\$78
Initial Chiropractic Treatment and Examination	\$120 (\$49 for prompt payment)
Chiropractic Follow-up (includes soft tissue therapies)	\$78 (\$49 for prompt payment)
Massage	\$35 Per 20 Minutes, \$45 Per 30 Minutes \$75 Per 60 Minutes, \$100 Per 90 Minutes
Cupping Therapy	\$40
Auricular Therapy	\$35
Herbal Consultation	\$60 Per 60 Minutes
Follow up herbal consultation	\$30 Per 30 Minutes

PATIENT'S RIGHTS

The patient has the right to receive information about the methods of therapy, the techniques used, and the duration of therapy, if known. The patient may seek a second opinion from another healthcare professional or may terminate therapy at any time.

In a professional relationship, sexual intimacy is never appropriate and should be reported to the Director of the Division of Registrations in the Department of Regulatory Agencies.

PranaTonic LLC and its agents all comply with the rules and regulations promulgated by the Colorado Department of Health and Environment, including the proper cleaning and sterilization of needles, and the sanitation of equipment the acupuncture offices. Only single-use, factory-sterilized, disposable needles are utilized. The practice of acupuncture is regulated by the Director of Registrations, Colorado Department of Regulatory Agencies. If you have comments, questions, or complaints, contact Acupuncturists Registration Office, 1560 Broadway, Suite 1350, Denver, CO, 80202. Or at (303) 894-7800. This disclosure statement is in compliance with the State of Colorado, Department of Regulatory Agencies, Colorado Statute Title 12 Article 29.5.

I have been informed that acupuncture and it's auxiliary treatments are safe methods of treatment but that they may have side effects including discomfort, pain, dizziness, bruising, burning, or numbness at site of procedure. Unusual and rare risks include nerve damage, organ puncture including lung puncture, infection, and spontaneous miscarriage. Other side effects and risks may occur. If I suspect that I am pregnant, I will immediately inform the health care provider.

I will inform my providers of any medications I am using or treatments I am undergoing from another healthcare provider.

I understand that there are no guarantees regarding cure or improvement of my condition. I do not expect the acupuncturist to anticipate and explain all possible risks and complications, and I permit the acupuncturist to determine and/or alter the course of treatment which the acupuncturist judges to be in my best interests based upon the facts then known. I understand that I have the choice to accept or reject treatment at any time.

I declare that I have read or have had read to me and understand this document. I have had the opportunity to ask questions about its content, and by signing below, I agree to all terms and conditions stipulated by this document. I intend this form to cover the entire course of treatment for my condition and for any future condition for which I seek treatment.

Patient or Guardian's Signature _____ Date _____

Print Name _____

PranaTonic
807 14th Street
Golden, CO 80401

Patient Acknowledgement Consent Form

Our Notice of Privacy Practices provides information about how we may use and disclose Protected Health Information about you. The Notice contains a patient Rights section describing your rights under the law. You have the right to review our notice before signing this form. The terms of our notice may change. If we change our notice, you may obtain a revised copy by contacting this office.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. You have the right to revoke this Consent, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior Consent, PranaTonic provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The patient acknowledges that: (please initial each line)

___ PranaTonic has a Notice of Privacy Practices and that the patient has received a copy of this notice and opportunity to review this notice.

___ Protected Health Information may be disclosed or used for treatment, payment or healthcare operations.

___ PranaTonic reserves the right to change the Notice of Privacy Practices.

___ The patient has the right to restrict the uses of their protected health information, however PranaTonic does not have to agree to those restrictions.

___ The patient may revoke this Consent in writing at any time, and all future disclosures will then cease.

Name of Patient or Patient Representative (Print)

Date

Signature of Patient or Patient Representative

Relationship to Patient (if other than patient)

Office Policies

Payment: We accept Cash, Personal Checks, Master Card, Visa and Discover as forms of payment. All returned checks are subject to a \$30 fee. (Please note that if two or more checks have been returned from the same party, then we will no longer be able to accept checks from that party.) All services and products must be paid for at the time of purchase.

Discounts: We offer a 10% discount on Services and Product for Students, Teachers, veterans, seniors over 65, and Acupuncturists with a valid/current ID/License. These discounts are not to be combined with any other discounts or promotional offers.

Late Arrival Policy: If you find that you cannot be on time, please notify our office as soon as possible. We will do our best to accommodate our patients who come late to their scheduled treatment time. If you are more than **fifteen (15) minutes late** for your appointment, we may reschedule your appointment for a later date.

24 - Hour Cancellation Policy: If you need to cancel an appointment, we require 24 hours advance notice. You may leave a message on our after-hours voicemail. **Missed appointments are subject to a \$75 charge. Cancellations less than 24 hours in advance are also subject to the same charge.**

Confirmation E-mails: You will receive a reminder about your appointment via e-mail. If you do not receive your appointment reminders, please call to confirm that we have your correct e-mail address.

Insurance Responsibility: PranaTonic will contact your insurance company to see if Acupuncture services are covered under your policy. **Payment** is expected at time of services. You will be responsible for co-payments and any charges that are not covered by your policy.

Herbs: We are pleased to offer herbal formulas in raw, tincture and pill form. PranaTonic does not accept returns on raw, or bottled herbal formulas, including sealed packages of herbs. This policy is in keeping with industry standards and legal guidelines.

Cell Phone Use: We try to keep the center area free of noise and other distractions. In consideration of our patients, please turn off your cell phone in the clinic area.

Pets: No pets are allowed at PranaTonic with exception of service dogs.

I have read, fully understand, and agree to all terms in the above Office Policy.

Responsible Party (Please print name) _____

Responsible Party Signature _____ **Date:** _____

Thank you,

PranaTonic Staff