

MAINE MERIDIANS: Acupuncture & Chinese Medicine
Emily A. Pendergast, LAc, MAOM
511 Portland St. Berwick, ME &
25 Nashua Rd. Suite F2, Londonderry, NH
(207) 451-0769

Patient Name _____

Address _____ **City/State/Zip** _____

Telephone **Daytime** _____
 Evening _____
 Cell _____

Clinic Policies

General Policies

Payment of appointment is required at the time of your visit.
Returned checks will incur a \$25.00 fee, due and payable immediately.
Chinese Herbal Prescriptions must be paid for in full when picking up the herbs. As Chinese powered herbs are mixed specifically for you, you will be responsible for all prescriptions.
Chinese Herbal Medicine prescriptions and Patents are non refundable.

Cancellation Policy

24 hour notice required to cancel an appointment.
Individuals who do not call to notify the clinic will be responsible for the full appointment fee of **\$70**

Late Policy

The policy for late clients is 30 minutes. It is at the discretion of the practitioner to accommodate a patient who is less than 30 minutes late. If a patient is late and treated, the appointment will be shortened and end according to the original start time of the appointment.

Acknowledgment of Review of Notice of Information Practices
I have reviewed and understood the Maine Meridians Notice of Information Practices handout. I understand that paper copies of Notice are available for my files and I may request a copy at any time.

I have reviewed, understood and agree to abide with the office polices stated above

Signature _____
 Patient or Guardian

Date _____

MAINE MERIDIANS: Acupuncture & Chinese Medicine
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Instructions for use of pressballs

Pressballs are very tiny stainless steel balls that are held in place with adhesive tape. Pressballs are positioned over the same acupuncture points used for needling. They provide an ongoing, low-level stimulation to the point, and the stimulation is increased when they are gently pressed.

To stimulate the acupuncture point, gently press the pressball for up to one minute. You may do this periodically throughout the day.

You may wash and shower when you have pressballs in place; however, avoid vigorous washing or scrubbing of areas where they have been applied.

During the summer months, pressballs can be left in for 3 – 5 days. During the winter, you may leave them in for up to seven days. For smoking cessation treatments (where you press them frequently) 3 days is appropriate.

Once in place, you should not be aware of the pressball.

Although problems with pressballs are rare, daily examinations are important. It is important to be aware of any changes in the skin, such as persistent itching or prolonged redness or pain.

Pain, soreness, swelling, redness, heat, or persistent itching may indicate an infection. If any of these symptoms are present, remove the pressball, consult a physician, and contact your practitioner.

Remove the pressball immediately if it causes you any discomfort at any time, including while sleeping or while on the telephone.

Remove the pressball immediately if you notice any swelling or redness in the area, and contact your practitioner.

Minor itching or irritation could indicate an allergy to the adhesive tape. Remove the pressball and let your practitioner know.

To remove a pressball, simply lift up the edge of the tape and peel it away. The pressball should still be attached to the tape. If it is not, check to see if it is still on your skin. Discard the pressball and tape once it is removed.

If a pressball becomes loose, do not try to reapply it. Never try to apply pressballs yourself anywhere on your body or on someone else.

If you have any questions or concerns, contact me at (207) 451-0769

I have read the above information. I understand the above information and consent to the use of this product.

Patient Signature _____ Date _____

MAINE MERIDIANS: Acupuncture & Chinese Medicine
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Instructions for Intradermal Needles

Intradermal needles are tiny, sterile, stainless steel needles that are inserted very superficially at an oblique angle into the skin. The head of the needle is a flat “o” shape. Once the needle is inserted, one piece of tape is positioned below the needle head to protect the skin and another is placed over the needle to hold it in place.

Intradermals stimulate the acupuncture points by their presence in the skin. They should not be manually stimulated since this could cause irritation to the skin and/or dislodge the intradermal.

Once in, you should not be aware of the intradermal. Although problems with intradermal needles are rare, daily examinations are important. It is important to be aware of any changes in the skin, such as redness, pain, or persistent itching. Remove the intradermal immediately if it causes you any discomfort at any time, including while sleeping or while on the telephone.

Minor itching or irritation could indicate that the intradermal may have been displaced or that you may have an allergy to the adhesive tape. Remove the intradermal and let your practitioner know.

Pain, soreness, swelling, redness, heat, or persistent itching may indicate an infection. If any of these symptoms are present, remove the intradermal, consult a physician, and let your practitioner know.

You may wash and shower when you have intradermals in; however, avoid vigorous washing or scrubbing of areas where intradermals have been applied.

If an intradermal needle becomes loose, do not try to reinsert it. Never try to insert intradermals yourself anywhere on your body or on someone else.

Intradermals should be left in a maximum of three days.

Before removing an intradermal, have a piece of tape on hand (any kind of tape is useable). To remove the intradermal, a corner of the tape should be lifted up with a pair of tweezers. Grasp the corner of tape with the tweezers and quickly pull the tape away. Check to make sure that the intradermal is sandwiched between the two layers of tape. If not, check your skin. Place the intradermal onto the extra piece of tape you have handy; wrap it completely in this tape before disposing of it.

If you have any questions or concerns, contact me at (207) 451-0769

I have read and understand the above information. I agree to follow the above protocols.

Patient Signature _____ Date _____

MAINE MERIDIANS: Acupuncture & Chinese Medicine
Emily A. Pendergast, LAc, MAOM

Instructions for presstacks

Presstacks are tiny, sterile, stainless steel needles that are inserted perpendicularly superficially into the skin. The head of the needle is a flat “o” shape. The tack is attached to a piece of tape which holds it in place on the skin.

Presstacks stimulate the acupuncture points by their presence in the skin. They should not be manually stimulated since this could cause irritation to the skin and/or dislodge the presstack.

You may wash and shower when you have presstacks in; however, avoid vigorous washing or scrubbing of areas where presstacks have been applied.

Presstacks should be left in a maximum of three days.

Once in, you should not be aware of the presstack. Although problems with presstacks are rare, daily examinations are important.

Pain, soreness, swelling, redness, heat, or persistent itching may indicate an infection. If any of these symptoms are present, remove the presstack, consult a physician, and contact your practitioner.

Remove the presstack immediately if it causes you any discomfort at any time, including while sleeping or while on the telephone.

Minor itching or irritation could indicate that the presstack may have been displaced, or that you may have an allergy to the adhesive tape. Remove the presstack and contact your practitioner.

Before removing a presstack, have a piece of adhesive tape on hand (any kind of tape is fine to use).

To remove the presstack, a corner of the tape holding the presstack on should be lifted up with a pair of tweezers. Grasp the corner of tape with the tweezers and quickly pull the tape away. Place the presstack onto the extra piece of tape you have handy, and wrap it completely in the tape before disposing of it.

If a presstack becomes loose, do not try to reinsert it. Never try to insert presstacks yourself anywhere on your body or on someone else.

If you have any questions or concerns, contact me at (207) 451-0769

I have read the above information. I understand the above information and consent to the use of this product.

Patient Signature _____ Date _____

MAINE MERIDIANS: Acupuncture & Chinese Medicine

How To Use a Moxa Pole

Indirect heat using a moxa pole has been recommended as an adjunct to your acupuncture treatment. Follow the guidelines suggested by your practitioner for which areas of your body you should apply moxa heat and how long and often it should be applied. Carefully review the

instructions outlined below before using the moxa pole.
If you have any questions, please call 207-451-0769.

Using the flame from a lighter or gas stove, hold the pole close to the flame until the top begins to glow red. It is difficult to light a moxa pole with matches, as one needs a steady flame. In general, moxa poles are both hard to light and hard to extinguish.

When applying moxibustion heat to a specified area of the body, keep the tip of the pole at least one-half inch away from the surface of the skin. If the pole is held too close to the body or for too long a period of time, a blister could form. Blisters should be treated immediately.

While burning the moxa pole, the ash should be removed from the tip periodically to maintain a sufficient level of heat to penetrate the body. To remove the ash, twist the pole around the edge of an ashtray.

Heat from moxibustion should be applied to the body until the skin becomes pinker; this often takes 5-10 minutes. Look at the area receiving the heat every minute or two for changes in color.

To extinguish the moxa pole, place aluminum foil around the ignited end. If you will be using the pole again, do not place it in water. Be sure the moxa pole has been completely extinguished before leaving it unattended.

Your practitioner has recommended moxa therapy for: _____

In signing below, I acknowledge that I understand the risks and dangers, I have had an opportunity to have my questions answered and I understand the moxa pole is for my use and my use only.

Client Signature

Date

Emily Pendergast, LAc, MAOM
Maine Meridians Acupuncture & Chinese Medicine
511 Portland St. Berwick, ME 03901 & 25 Nashua Rd. Suite F2, Londonderry, NH
(207) 451-0769

Our Clinic Protects Your Health Information and Privacy

Dear Valued Patient,

This notice describes our office's policy for how medical information about you may be used and disclosed, how you can get access to this information, and how your privacy is being protected.

In order to maintain the level of service that you expect from our office, we may need to share limited personal medical and financial information with your insurance company, with Worker's Compensation (and your employer as well in this instance), or with other medical practitioners that you authorize.

Safeguards in place at our office include:

- Limited access to facilities where information is stored.
- Policies and procedures for handling information.
- Requirements for third parties to contractually comply with privacy laws.
- All medical files and records (including email, regular mail, telephone, and faxes sent) are kept on permanent file.

Types of information that we gather and use:

In administering your health care, we gather and maintain information that may include non-public personal information.:

- About your financial transactions with us (billing transactions).
- From your medical history, treatment notes, all test results, and any letters, faxes, emails or telephone conversations to or from other health care practitioners.
- From health care providers, insurance companies, workman's comp and your employer, and other third part administrators (e.g. requests for medical records, claim payment information).

In certain states, you may be able to access and correct personal information we have collected about you, (information that can identify you - e.g. your name, address, Social Security number, etc.).

We value our relationship, and respect your right to privacy. If you have questions about our privacy guidelines, please call us during regular business hours at 1-603-444-0319.

Sincerely,

Emily Pendergast, L.Ac, MAOM
Maine Meridians Acupuncture & Chinese Medicine
(207)-451-0769

MAINE MERIDIANS: Acupuncture & Chinese Medicine

HEALTH HISTORY QUESTIONNAIRE

Please help us provide you with a complete evaluation by taking the time to fill out this questionnaire carefully. *All of your answers will be held absolutely confidential.* If you have questions, please ask. If there is anything you wish to bring to our attention which is not asked on this form, please note it in the "Comments" section. Thank you.

Name _____ Date _____

Street _____ City _____ State/Zip _____

Home Phone _____ Work Phone _____ eMail _____

Age _____ Date of Birth _____ Male ___ Female ___ Height _____ Weight _____

Race: American Indian or Alaska native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Marital Status: Married Never Married Widowed Divorced or Separated

Education: Grammar School High School College Masters Doctorate

Occupation: _____ Retired: _____ Disabled: _____ Unemployed: _____

Family Physician: _____ Referred by: _____

Emergency Contact: _____ Emergency Contact Relation to you: _____

Emergency Contact telephone: _____

Have you ever been treated by acupuncture or Oriental medicine before? Yes No

Main Problem you would like us to help you with: _____

How long ago did this problem begin? Please be specific: _____

Have you been given a diagnosis for this problem? If so, what diagnosis and by whom?

What other kinds of treatment have you tried? Western Medicine Acupuncture
 Herbs Massage Physical Therapy Chiropractor Reiki Homeopathy
 Other: _____

How confident are you that Acupuncture and Chinese herbal medicine will be able to resolve the symptoms of your main complaint?
 Not confident Slightly confident Moderately confident Confident Very confident

Secondary Complaints you would like us to help you with: _____

Past Personal Medical History of Significant Illnesses: Asthma Allergies Diabetes
 Cancer Stroke Heart disease High Blood Pressure Seizures Hepatitis
 Rheumatic Fever Thyroid disease Venereal disease Other: _____

Hospitalizations/Surgeries (including dates): _____

Significant Trauma (auto accidents, falls, etc.): _____

Allergies (drugs, chemicals, metals, foods): _____

Family Medical History: (check all that are applicable) Asthma Allergies Diabetes
 Cancer Stroke Heart disease High Blood Pressure Seizures Thyroid
 Hepatitis Rheumatic Fever Thyroid disease Venereal disease Other: _____

Medicines taken within the last two months (vitamins, drugs, herbs, etc.): _____

Are there any areas of your life that you find stressful? Please describe: _____

Do you have a regular exercise program? No Yes If yes, please describe: _____

Do you follow any type of special diet (e.g. vegetarian, vegan, medical related, or other)?

No Yes If Yes, what type of diet? _____

Describe your average daily diet:

Morning: _____

Afternoon: _____

Evening: _____

Do you smoke? No Yes If Yes, how many cigarettes or cigars per day? _____

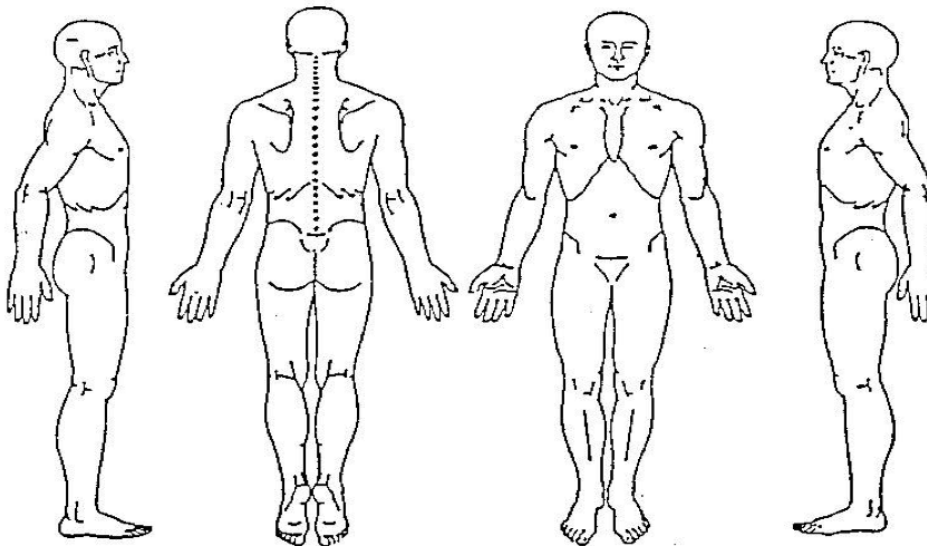
How many cups of caffeinated coffee, tea, or cola do you drink per week? _____

How many 8 oz. glasses of water do you drink per day? _____

How many alcoholic beverages do you drink per week? _____

Please describe any use of drugs for non-medical purposes: _____

Please indicate any painful or distressed body areas by circling the particular area:



Please check if you have had any of the following, particularly if in the last three months:

GENERAL:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Fevers | <input type="checkbox"/> Chills | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Sweat easily |
| <input type="checkbox"/> Poor sleeping | <input type="checkbox"/> Night sweats | <input type="checkbox"/> Weight loss | <input type="checkbox"/> Cravings |
| <input type="checkbox"/> Weight gain | <input type="checkbox"/> Change in appetite | <input type="checkbox"/> Strong thirst for: | <input type="checkbox"/> Hot drinks <input type="checkbox"/> Cold drinks |
| <input type="checkbox"/> Sudden energy drop, if so what time of day? _____ | | | |
| <input type="checkbox"/> Bleed or bruise easily | <input type="checkbox"/> Peculiar tastes or smells | | |

SKIN & HAIR:

- Rashes
- Eczema
- Recent moles
- Change in hair or skin texture
- Any other skin or hair problems? _____
- Ulcerations
- Pimples
- Psoriasis
- Hives
- Dandruff
- Dermatitis
- Itching
- Loss of hair
- Acne

HEAD, EYES, EARS, NOSE & THROAT:

- Dizziness
- Eye strain
- Color blindness
- Ringing in ears
- Nose bleeds
- Facial pain
- Headaches, where and when? _____
- Any other head or neck problems? _____
- Concussions
- Eye pain
- Cataracts
- Spots in front of eyes
- Recurrent sore throats
- Sores on lips or tongue
- Migraines
- Poor vision
- Blurry vision
- Poor hearing
- Grinding teeth
- Teeth problems
- Glasses
- Night blindness
- Earaches
- Sinus problems
- Clenching jaw
- Jaw clicks

CARDIOVASCULAR:

- High blood pressure
- Irregular heart beat
- Cold hands or feet
- Varicose or spider veins
- Any other heart or blood vessel problems? _____
- Low blood pressure
- Difficulty in breathing
- Swelling of hands
- Palpitations
- Chest pain
- Blood clots
- Swelling of feet
- Palpitations at rest
- Fainting
- Phlebitis

RESPIRATORY:

- Cough
- Pneumonia
- Difficulty breathing when lying down
- Phlegm production, what color? _____
- Coughing blood
- Pain with deep breath
- Asthma
- Chest tightness
- Bronchitis

GASTROINTESTINAL:

- Nausea
- Gas
- Indigestion
- Bleeding gums
- Hernia
- Colitis
- Chronic laxative use
- Any other problem with Stomach or intestines? _____
- Vomiting
- Belching
- Bad breath
- Food stagnation
- Excessive appetite
- Slow digestion
- Diarrhea
- Black stools
- Rectal pain
- Bloating/edema
- Poor appetite
- Abdominal pain/cramps
- Loose stools, more than 2 per day
- Constipation
- Blood in stools
- Hemorrhoids
- Acid reflux/GERD
- IBS/Crohn's disease

GENITO-URINARY:

- Frequent urination
- Urgency to urinate
- Decrease in flow
- Any particular color to your urine? _____
- Blood in urine
- Unable to hold urine
- Impotency
- Pain upon urination
- Kidney stones
- Sores on genitals

- Do you wake up at night to urinate? If yes, how many times a night? _____
- Any other problems with your genital or urinary systems? _____

REPRODUCTIVE & GYNECOLOGIC:

- Are you pregnant? Yes No
 Is it possible that you are pregnant? Yes No
 Number of pregnancies: _____ Live Births: _____ Miscarriages: _____
 Abortions: _____ Premature births: _____
 Age at first menses: _____ Time period between menses: _____
 Duration of menses: _____ Last PAP: _____
- Irregular periods Painful periods Clots Breast lumps
 - Vaginal sores Vaginal discharge Vaginal dryness Endometriosis
 - Uterine fibroids Polycystic Ovarian disease Fibrocystic breast tissue
 - Unusual character of blood (heavy, scanty) _____
- Do you practice birth control? Yes No If yes, what type? _____ How long? _____

MUSCULOSKELETAL:

- Neck pain Rotator cuff Knee pain Foot/ankle pain
- Muscle pain Muscle spasm Muscle weakness Shoulder pain
- Hip pain Sciatica Bursitis Hand/wrist pain
- Carpal tunnel Sprains/strains Tendonitis
- Back pain: Low _____ Middle _____ Upper _____
- Soreness/weakness of lower body (back, hip, knee, ankle, foot)

NEUROLOGICAL & PSYCHOLOGICAL:

- Seizures Dizziness Loss of balance Areas of numbness
 - Poor memory Concussion Poor coordination Bad temper
 - Anxiety Depression Easily susceptible to stress
 - Nervousness ADD/ADHD Manic depression
- Have you ever been treated for emotional problems? Yes No
 Have you ever considered or attempted suicide? Yes No
 Any other neurological or psychological problems? _____

COMMENTS: *Please tell us briefly of any other problems you would like to discuss.*
