

# NW Healing Tree Confidential Health Intake Form

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Email \_\_\_\_\_ Receive NWHT Emails? Y N  
Street Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_ Zip \_\_\_\_\_  
Age \_\_\_\_\_ Male Female Transgender Preference \_\_\_\_\_  
Work Phone \_\_\_\_\_ Primary Phone \_\_\_\_\_

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Emergency Contact \_\_\_\_\_ # \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_

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Referring Physician: \_\_\_\_\_  
Primary Care Physician: \_\_\_\_\_ Phone# \_\_\_\_\_

Was Injury a result of an accident? If yes: Job related Auto  
Other \_\_\_\_\_

Date of Injury or onset: \_\_\_\_\_

Any Other Details you wish to Explain?

\_\_\_\_\_

\_\_\_\_\_

## Caregiver Current Contact Information

\_\_\_\_\_

I have stated all medical conditions that I am aware of and will keep my practitioner informed of any changes.  
I agree to provide **24 hour** cancellation notice. If I fail to do so, I agree to pay \$50 as a fee for any missed  
appointment with NW Healing Tree.

Patient or Caregiver:

Signature \_\_\_\_\_ Date \_\_\_\_\_

How did you Hear About Us? \_\_\_\_\_

# NW Healing Tree Consent Form

**Melissa Yaden EAMP/ LAc, LMP, AWP**  
(AC60185523, MA60198889)

**I.**

## **Informed Consent for Treatment**

*Please read the information carefully, and ask your Practitioner if there is anything you do not understand.*

Melissa Yaden EAMP/LAc, LMP, AWC is a graduate from Bastyr University with a masters in acupuncture and oriental medicine, and in conjunction with Bellevue massage school, a certificate of completion for massage therapy. Melissa is nationally certified by the NCCAOM, and certified with FSMTB. Melissa has also furthered her training in Ayurvedic wellness practitioner and bodywork through Kerala Ayurveda Academy. In addition to her formal training, Melissa also has furthered her education in sound healing with Tibetan singing bowls, five element acupuncture, craniosacral therapy, manual ligament therapy, flower essences, and aromatherapy. A session with Melissa may include, but is not limited to the following:

Acupuncture needles to stimulate acupuncture points and meridians  
Use of electrical, mechanical, or magnetic devices to stimulate acupuncture points/  
meridians  
Moxibustion (direct and indirect)  
Acupressure, acutonics, singing bowls(sound vibration)  
Cupping  
Bleeding, use of lancets  
Dermal friction technique (gua-sha)  
Inferred  
Laser-puncture, point injection therapy  
Qi gong techniques  
Breathing, relaxation and East Asian Medicine Exercise treatments  
Massage (East Asian massage "tui na", Ayurvedic oil and marma massage, Swedish,  
sports, and deep tissue)  
Craniosacral therapy  
Heat/cold application  
Ayurvedic diet and lifestyle advice  
Dietary and health education based on East Asian Medicine Theory, including herbs,  
vitamin/mineral, dietary/ nutritional supplements. The herbal advice/prescription is  
based on Chinese and Ayurvedic Medicine.

Acupuncture is very safe, adverse side effects are very rare. Side effects can occur in small percentage of patients, and may include the following: minor pain during or following treatment in the insertion area or meridian, minor burning, bruising or bleeding, broken needles, fainting, and drowsiness. In some patients, symptoms can worsen after the treatment, if this occurs with you, contact your acupuncturist as promptly as possible.

Herbal medicine is very safe, and used traditionally in Chinese medicine and Ayurvedic medicine, although some are toxic in large doses. There are also some herbs inappropriate during pregnancy. Some possible side effects of taking herbal medicine are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives, tingling of the tongue. I will notify my Practitioner regarding any side effect mentioned or not above, and if I think I may be pregnant.

Apart from routine medical details that will be discussed during your intake, it is important that you let your acupuncturist know:

If you have ever experienced fainting, or are sensitive or nervous about needles

If you have a pacemaker, or any other electrical implants

If you have any bleeding disorder, or on any anti-coagulants (blood thinners)

If you have a damaged heart valve, or have any other particular risk of infection

If you are or think you might be pregnant

If you have a serious condition and are not being treated by a Primary Health Care Physician, please refer to the Serious Condition Form and sign your name there as well.

Statement of consent:

I confirm that I have read and understood the above information and the notice of privacy practices. I consent to receive acupuncture/massage/Ayurvedic treatment. I understand that I can refuse treatment or an element of a treatment at any time. I acknowledged no guarantees have been given regarding the outcome of my treatment(s). I release Melissa Yaden, EAMP/ LAc, LMP, AWC from all liability which may occur in connection with the above mentioned procedure.

## **II.**

### **Office Policies:**

#### **FEE:**

I understand that fee for treatment is payable at the time of service,. I assume full responsibility for paying Melissa Yaden EAMP any money owed for treatment.

**III.**

**MISSED APPOINTMENT:**

I will give 24 hour notice if I need to cancel my appointment. I understand that without advanced notice, the time reserved for me is my responsibility and will be charged \$50.00 missed appointment fee. Insurance companies do not pay for missed appointments, so I understand that any appointments missed are my final responsibility. Exceptional circumstances will be considered regarding this policy.

**IV.**

**Notice of Privacy Practices:**

I acknowledge that I have received, and made aware of the privacy practices policy, and are welcome to have a copy upon request. If you have any questions or concerns don't hesitate to ask, thank you.

By signing I acknowledge that I have read and understand the Articles I-IV in this document

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

## Medical History and Information

Check any or all that apply to your present health:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> headaches               | <input type="checkbox"/> chronic pain         | <input type="checkbox"/> varicose veins          |
| <input type="checkbox"/> vision problems         | <input type="checkbox"/> muscle or joint pain | <input type="checkbox"/> blood clots             |
| <input type="checkbox"/> sinus problems          | <input type="checkbox"/> numbness/tingling    | <input type="checkbox"/> high/low blood pressure |
| <input type="checkbox"/> jaw pain/teeth grinding | <input type="checkbox"/> sprains/strains      | <input type="checkbox"/> diabetes                |
| <input type="checkbox"/> fatigue                 | <input type="checkbox"/> scoliosis            | <input type="checkbox"/> cancer/tumors           |
| <input type="checkbox"/> depression              | <input type="checkbox"/> arthritis            | <input type="checkbox"/> infectious disease      |
| <input type="checkbox"/> sleep difficulties      | <input type="checkbox"/> tendonitis           | <input type="checkbox"/> skin problems           |

Women only:  Pregnancy  Miscarriage/Abortions  Painful menstruation  Endometriosis

Men only:  Prostate problems  Testes Pain  Erectile Dysfunction

List all medications/herbs/vitamins and dosage: \_\_\_\_\_

List physical activities you participate in regularly \_\_\_\_\_

What movements or activities are limited? \_\_\_\_\_

Describe your primary concern: \_\_\_\_\_

\_\_\_\_\_

List previous major injuries/surgeries: \_\_\_\_\_

\_\_\_\_\_

What other treatments are you receiving and by whom (acupuncture, physical therapy, chiropractic, naturopathic): \_\_\_\_\_

\_\_\_\_\_

What seems to help the most? \_\_\_\_\_

What seems to aggravate the condition the most? \_\_\_\_\_

What is your main activity at work? On phone \_\_\_\_\_ Sitting \_\_\_\_\_ Computer work \_\_\_\_\_

Driving car \_\_\_\_\_ Walking \_\_\_\_\_ Other \_\_\_\_\_

What do you do to relieve stress? \_\_\_\_\_

What do you want to get out of you session (s)? \_\_\_\_\_

Practitioner Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NW Healing Tree: Melissa Yaden EAMP, LMP 360-434-0670**  
**Northwesthealingtree@gmail.com www.NWHealingtree.com**

## **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 and with Worker's Compensation (and your employer as well in this instance), or with other medical practitioners. We will obtain your authorization before disclosing any information.

***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, and with your permission sharing treatment with other providers involved in your healthcare.
- From health care providers, insurance companies, worker's comp and your employer, and other third party administrators (*e.g.* requests for medical records, claim payment information). If we believe any abuse or crime victim, or public health or national security, we may disclose your health information to certain law enforcements. Other than mentioned above, and not compelled by law, we will not disclose any health information other than with your written authorization.  
You have the right to request to inspect or copy your health records, and we may need to charge a reasonable fee for a copy.

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 with you, and respect your right to privacy. If you have questions about our privacy guidelines, please call us during regular business hours at 360-434-0670.

Yours sincerely,

Melissa Yaden EAMP, LMP

NW Healing Tree