



acupuncture daisy barquist, L.Ac.
& herbal medicine

404 Marlow Road
Baltimore, MD 21218

410.243.7337
daisy@daisybarquist.com
www.daisybarquist.com

date of initial visit

name

birthdate

street address

city, state, zip

tel. home

tel. work

other

e-mail address

Please note here if you do not want me to contact you by any of the means listed above.

What do you want to address in treatment?

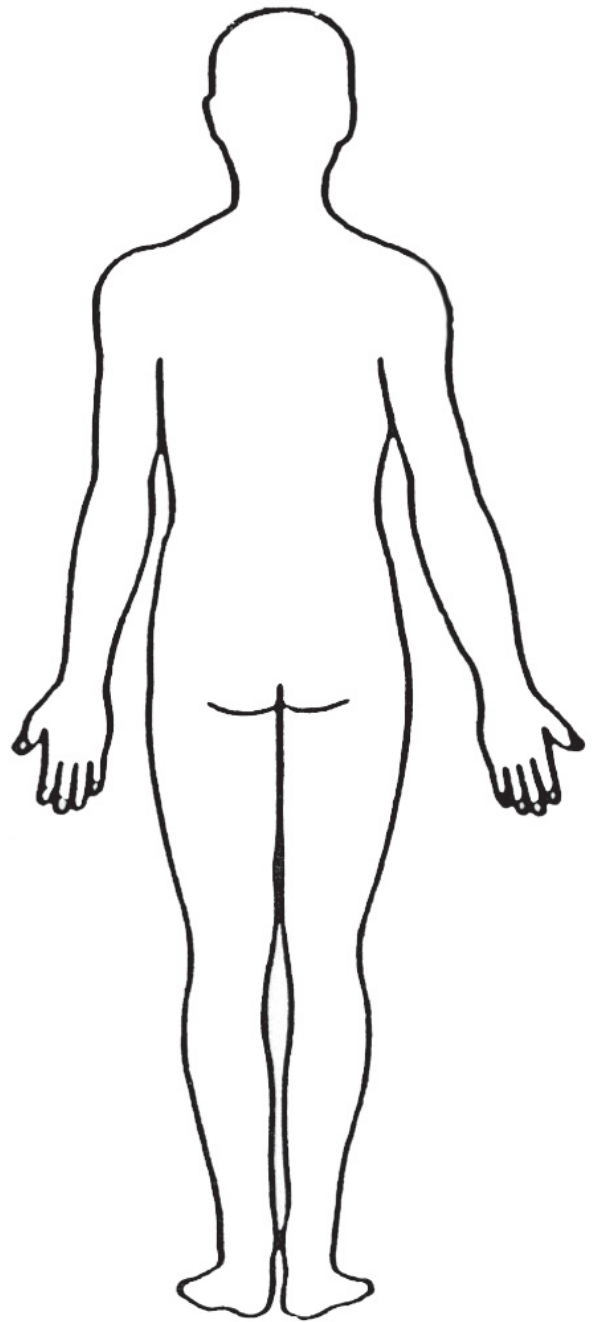
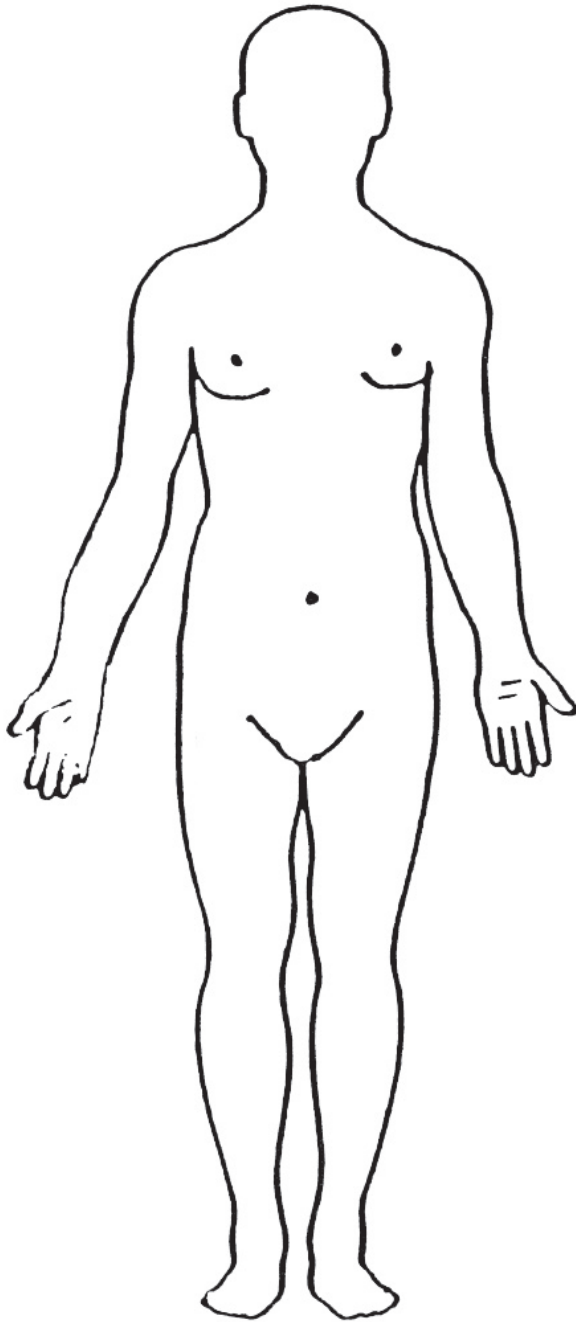
I have read the information about acupuncture, moxa, and herbal medicine on the website www.daisybarquist.com and request Daisy Barquist to treat me with acupuncture, moxa, and Chinese herbs. I have read and understood the fee schedule and cancellation policy of Daisy Barquist.

Signature:

Date:

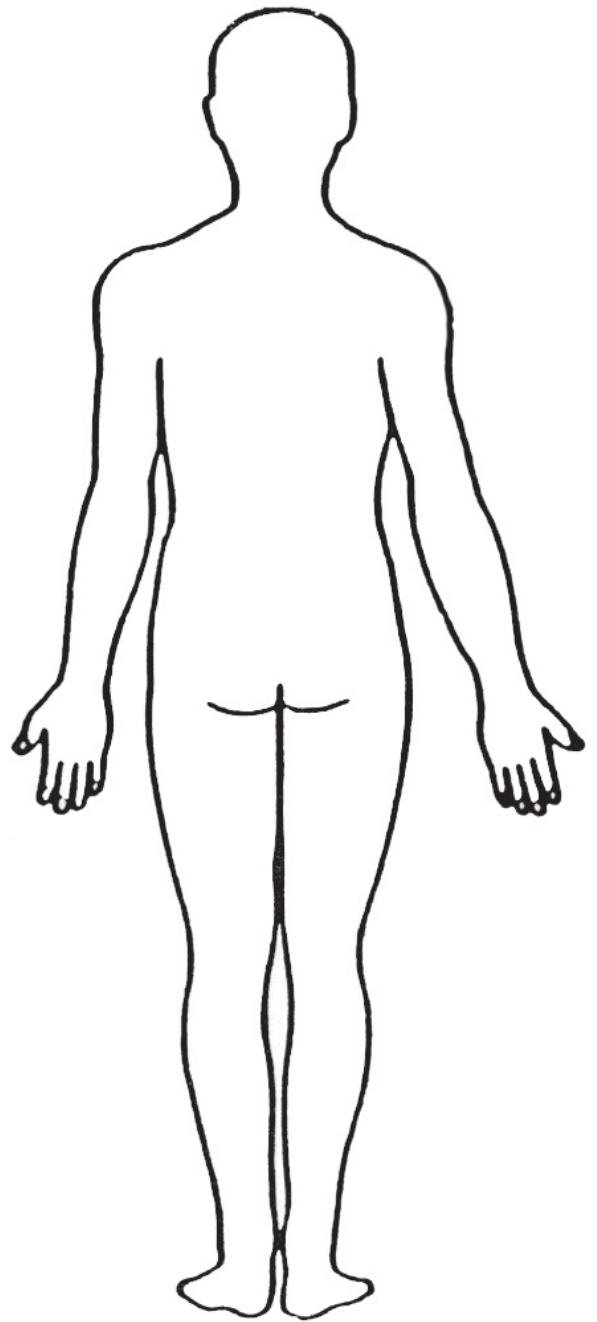
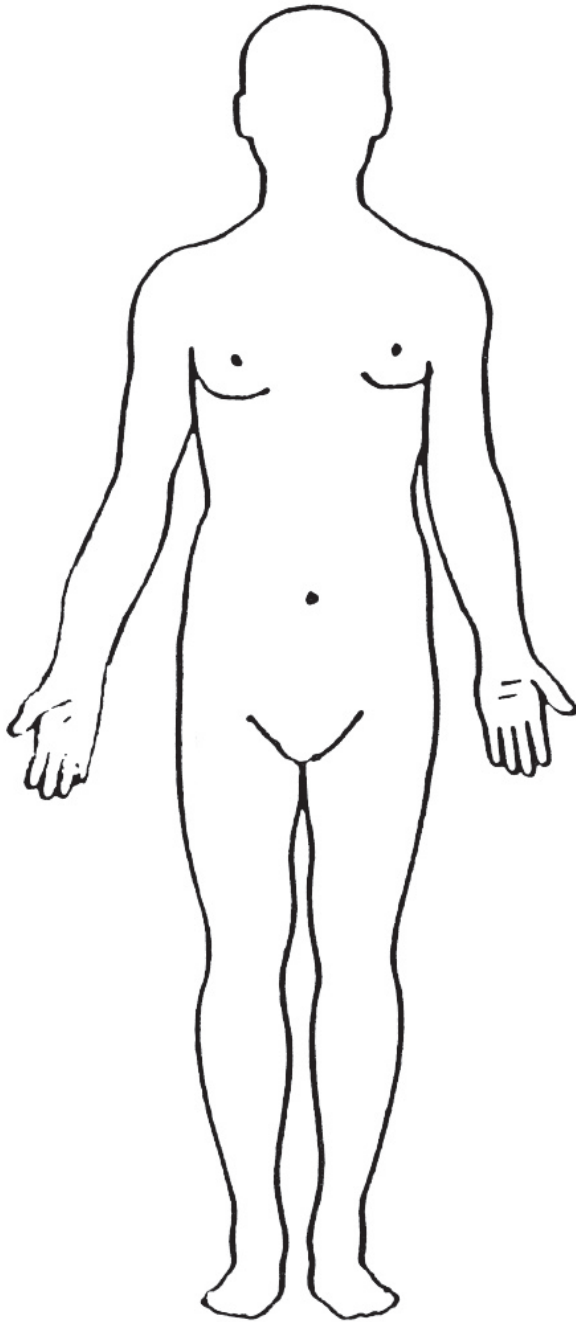
Health History

Please use the images below to indicate your health history, including all major illnesses, accidents or traumas, and surgeries. For instance, if you broke your left ankle in June, 2001, mark the left ankle and write to the side, "broken, June 2001" or something similar.



Current Health Concerns

Now, please use the following images to indicate areas of current health concerns. For instance, if you are having menstrual cramps, show where the cramps are felt and write close by "menstrual cramps."



The following is a list of “body systems.” Please indicate any matters of note.

digestion

urination

bowels

sleep

temperature

gynecological

What pharmaceutical medicines do you take?

What over-the-counter medicines do you take?

What supplements and/or herbs do you take?

Briefly describe your diet, including alcohol and caffeine intake.

Please bring this to your first visit.



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Notice of Privacy Practices

The Health Insurance Portability and Accountability Act (HIPAA) requires health care professionals to give their clients a Notice of Privacy Practices and clients to sign an acknowledgement that they received the Notice. This is the Notice of Privacy Practices for this office. Please let me know if you have any questions or requests.

Confidentiality of Client Records

Information about your care is confidential and is protected in the following ways:

- ~ First, your file is locked in a file cabinet when it is not in use.
- ~ Second, information about you is not divulged unless you have signed a consent for the release of information. Any such release would contain the name of the person who would be receiving your health care information.
- ~ Third, if we decide to order an herbal formula for you from an herb company, the herb company will receive only the information necessary to complete your herbal formula, bill it and send it to you.
- ~ Fourth, if you have filed an insurance claim and the insurance company contacts me for additional information, I will give the insurance company the "minimum necessary to comply with the insurance company's request."

Communications with You

Occasionally, I will contact you at the phone number(s), address(es), and/or email address you have given me, unless you specifically request otherwise.

Access to your Client Records

You may inspect and/or copy your client file. If you would like to do so, please make a specific request to me.

Notice of Privacy Practices

I hereby acknowledge receipt of the Notice of Privacy Practices for the Oriental Medicine practice of Daisy Barquist.

Signature: _____

Date: _____

Name: _____

(Please print one copy for yourself, and sign and bring one copy to your first visit.)



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