



www.thelightclinic.org

The Light Clinic
classical chinese medicine

306 W. Main Street Suite 609, Frankfort, KY 40601 502.330.4233

Welcome!
(please read)

Thank you for scheduling with us! *We rely on word-of-mouth referrals to keep our business open to this community.* If you like what we are doing here, pass it on!

At the Light Clinic, we strive to provide the best possible integrative and holistic healthcare for our clients. We have a team of highly-trained and compassionate practitioners, who value the increased efficacy that comes with working together. We are proud to offer Chinese Medicine, including Acupuncture and Herbal Medicine, Craniosacral Therapy, Therapeutic Massage and Bodywork, rare and specialty teas for health, and more.

During your initial consultation, we will do a thorough evaluation and work with you to establish a treatment plan. You can assist us in that goal by making sure you have fully completed the intake paperwork enclosed. This paperwork is essential to keeping ourselves and you aligned with legal requirements and for providing a thorough history of your health, which is a crucial resource for us. We hope you will take your time with this and use it as an opportunity for reflection.

The Light Clinic is located at 306 W Main Street STE 609 (on the 6th floor of the McClure Building) in historic downtown Frankfort, Kentucky. Parking is available on the surrounding streets as well as in the parking lot on W Main and Lewis Street. The McClure building is wheelchair accessible. Feel free to arrive a few minutes early and enjoy a cup of tea before your appointment.

Should you need to cancel your appointment for any reason, we ask for 24-hour notice. This can be done most easily online by using the cancellation link in your email confirmation message, or by phone. If it is a late cancellation, with less than a 24-hour notice, it becomes very difficult for us to reschedule your reserved spot. In this situation, a charge not to exceed the full price of the appointment may be assessed. For current policies please go online to www.thelightclinic.org.

We appreciate your support and look forward to our opportunity to support you on your path towards wellness!

Sincerely,
The Light Clinic team



**HIPPA Consent to the Use and Disclosure of Health Information
For Treatment, Payment, or Healthcare Operations**

NAME _____

BIRTHDATE _____ LAST FOUR OF SOCIAL # _____

I understand that as part of my healthcare, this organization originates and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment and any plans for future care of treatment.

I understand that this information serves as:

- A basis for planning my care and treatment.
- A means of communication among the many healthcare professionals who contribute to my care.
- A source of information for applying my diagnosis and surgical information to my bill.
- A means by which a third-party payer can verify that services billed were actually provided.
- A tool for routine healthcare operations such as assessing care quality and reviewing the competence of healthcare professionals.

I understand that I have the right:

- To object to the use of my health information for directory purposes.
- To request restrictions as to how my health information may be used or disclosed to carry out treatment, payment or healthcare operations – and that the organization is not required to agree to the restrictions requested.
- To revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereupon.

I request the following restrictions to the use of disclosure of my health information:

Patient:

X _____
Patient Signature or Legal Representative Date

Office Use Only:

↑ Accepted _____

↑ Denied Signature Title Date



Initial Intake Form

Name..... Today's Date.....
Date of Birth..... Time of Birth..... Location.....
Age..... Sex.....
Address..... City..... State..... Zip.....
Phone: Home..... Work/Cell.....
Occupation.....
Emergency Contact (Name and Phone).....
Primary Care Physician.....
Were you referred by anyone?.....

Chief Concern:

Onset:

Other Concurrent Therapies:

Medical History (include dates please)

Significant Illnesses (cancer, diabetes, heart disease, high blood pressure, seizures, etc.)

Surgeries:

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

Allergies (drugs, chemicals, foods).....

Medicines taken within last two months (include vitamins, over the counter herbs, etc.)

Are you pregnant?



Do you experience **Cardiovascular** imbalances?

.....
.....
Cardiovascular imbalances have anything to do with the heart and veins/blood. This can include symptoms such as irregular heartbeat, chest pain, high or low blood pressure, blood clots, phlebitis (inflammation of the vein), dizziness, fainting, cold or swelling in hands and feet, or tendency toward anxiety.

Do you experience **Respiratory** and/or **Skin** imbalances?.....

.....
.....
Respiratory imbalances have anything to do with the breathing and lung function. Skin imbalances have anything to do with the skin. Respiratory imbalances include symptoms such as cough, coughing blood or phlegm, sinus problems, bronchitis, asthma, difficulty breathing laying down, tight chest, pneumonia, or tendency toward depression. Skin imbalances include symptoms such as itching, dandruff, pimples, rashes, eczema, hives, purpura (red/purple skin discoloration), ulcerations.

Do you experience **Gastrointestinal** imbalances?.....

.....
.....
Gastrointestinal imbalances have anything to do with the digestion tract, beginning at the mouth and ending at the anus. This can include symptoms such as nausea, a sensitive abdomen, pain or cramps, vomiting, gas, belching, acid reflux, bad breath, diarrhea, constipation, black stools, bloody stools, or tendency to over-think or worry.

Do you experience **Liver** imbalances?.....

.....
.....
Liver imbalances have anything to do with the liver and gallbladder functions. This can include symptoms such as liver cirrhosis, Hepatitis (inflammation of the liver and/or a viral infection), blurry or spotted vision, night blindness, cholecystitis (gallbladder inflammation), pain in the upper right quadrant of the abdomen, or tendency toward anger/irritation.

Do you experience **Genitourinary** and/or **Kidney** imbalances?.....

.....
.....
Genitourinary imbalances have anything to do with the urinary tract, or reproductive organs. Kidney imbalances have anything to do with the kidney's function. This can include symptoms such as painful, frequent or urgent urination during the day or night, blood in the urine, kidney stones, low back pain, ringing in ears, impotency, venereal disease, menopause, breast lumps, or tendency toward fear.



Physician Care Form

Name:.....

Date:.....

Pursuant to the requirements of KY state law KRS 311.680 (1), if you (the patient) have been **formally diagnosed by a physician** with one of the following disorders or conditions, we (the acupuncture practitioners) must determine the identity of the physician treating you and confirm that you are under his or her care. "Under the care of a physician" implies treatment on regular or recurring intervals for the disorder or condition. After contacting the physician we may begin with treatment.

I have been *diagnosed* with the following condition(s): Check all that apply:

- Hypertension (high blood pressure) and/or cardiac conditions
- Acute, severe abdominal pain
- Undiagnosed neurological changes
- Unexplained weight loss or gain of more than 15% of body weight in the last 3 months
- Suspected bone fracture or dislocation
- Suspected systemic fracture
- Serious hemorrhagic (bleeding) disorder
- Acute respiratory distress without a previous history
- Pregnancy
- Cancer
- Diabetes

I am currently *under the care of a physician* for: Check all that apply:

- Hypertension (high blood pressure) and/or cardiac conditions
- Acute, severe abdominal pain
- Undiagnosed neurological changes
- Unexplained weight loss or gain of more than 15% of body weight in the last 3 months
- Suspected bone fracture or dislocation
- Suspected systemic fracture
- Serious hemorrhagic (bleeding) disorder
- Acute respiratory distress without a previous history
- Pregnancy
- Cancer
- Diabetes

Name and Number of Physician (if applicable):.....

I am aware that, though pursuing an integrative approach to healthcare may be the most effective, I should not solely replace treatment from a biomedical physician with acupuncture, or other holistic modality, for the above conditions.

Signature (required):.....

Printed Name:.....



KY Act 311.678 Required Informed Consent for Acupuncture Treatment Procedures, Alternatives & Risks

Practitioners

- Joseph Fiala L.Ac., Emaline Gray L.Ac., and Julie Hwang L.Ac. have met and exceeded the qualifications required for acupuncture licensure in the state of Kentucky. Obtaining acupuncture licensure includes receiving a diploma from an accredited Chinese medicine program at which one completes at least 1,800 hours, 300 of which must be clinical hours approved by the Accreditation Commission for Acupuncture and Oriental Medicine. It also includes passing the national acupuncture board exam as given by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) and obtaining licensure in the state of Kentucky. As such, an acupuncturist is an individual licensed to practice acupuncture by the KY State Board of Medical Licensure.

Acupuncture

- The definition and scope of the practice of acupuncture in the Commonwealth is the insertion of acupuncture needles, with or without accompanying electrical or thermal stimulation, at certain acupuncture points or meridians on the surface of the human body for purposes of changing the flow of energy in the body and may include acupressure, cupping, moxibustion, or dermal friction. The practice of acupuncture shall not include laser acupuncture, osteopathic manipulative treatment, chiropractic adjustments, physical therapy, or surgery.
- The goal of acupuncture is to alleviate pain, provide relief from a variety of symptoms related to an illness, and support overall health and well-being. Side effects from acupuncture can include, but are not limited to: bruising, pain, minor bleeding, needle sickness, infection, fainting and possible aggravation of symptoms. More serious complications, such as pneumothorax, are possible but extremely rare. If any side effects are felt, it is important to contact The Light Clinic, Inc. at 502.330.4233. We encourage all patients to keep in contact with their Primary Care Physician at all times during the course of a treatment. There are many medical alternatives to acupuncture, including Physical Therapy, Craniosacral, Massage, and treatment by Primary Care Providers.

Moxibustion

- *Direct Moxibustion* is the application of a protective salve and an herb (usually mugwort) onto the skin. The herb is burned until you feel the heat, then the herb is removed from the skin. Moxibustion is done to alleviate pain, provide relief from a variety of symptoms related to an illness, and support overall health and well-being.
- *Indirect Moxibustion* is the use of an herbal stick that is burned and held a few inches away from the skin. This herbal stick warms the area to alleviate pain, provide relief from a variety of symptoms related to an illness, and support overall health and well-being.



- Side effects from *direct* and *indirect moxibustion* can include: reddening of the skin, risk of burn, risk of scarring, respiratory aggravation, and possible aggravation of symptoms. If any side effects are felt it is important to contact The Light Clinic, Inc. at 502.330.4233. We encourage all patients to keep in contact with their Primary Care Provider at all times during the course of treatment. There are many other medical alternatives to moxibustion, as listed above.

Herbal and Dietary Supplement Treatment

- Chinese Herbal and Dietary Supplement treatment is the use of prepared herbs and dietary supplements to alleviate pain, provide relief from a variety of symptoms related to an illness, and support overall health and well being. Side effects from herbal and dietary supplement treatment can include, but are not limited to: digestive complaints, headaches, and possible aggravation of symptoms. If any side effects are felt, you should discontinue the use of the herb/supplement and call The Light Clinic, Inc. to consult on the issue. We encourage all patients to keep in contact with their Primary Care Provider during the course of treatment. There are many medical alternatives to supplements, as listed above.

TDP or Infrared Heat Lamp

- The TDP or Infrared heat lamp is designed to provide heat on an area of the body to alleviate pain, provide relief from a variety of symptoms related to an illness, and support overall health and well-being. Side effects that may be experienced from the lamp include, but are not limited to: reddening of the skin, risk of burn, risk of scarring and possible aggravation of symptoms existing prior to treatment. If any side effects are felt it is important to contact The Light Clinic, Inc. at 502.330.4233. We encourage all patients to keep in contact with their Primary Care Provider at all times during the course of a treatment. There are many medical alternatives to heat lamps, as listed above.

I, _____, understand that I may refuse any of these treatments, and discontinue treatment at any time.

I have read the descriptions above and have had the opportunity to ask any questions regarding their application (let the Front Desk know if any questions).

Patient Signature X _____

Date: _____