

Professional Acupuncture & Physical Therapy

Heidi LaBore Smith, NRT, L.Ac., PT

1118 East Superior Street

Duluth, MN 55802

Phone (218) 724-3400

www.proacup.com

heidi@proacup.com

**NEW PATIENT INFORMATION FORM**

Page 1 of 2

Please print clearly:

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Apt.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Shipping Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

e-mail address: \_\_\_\_\_

**REFERRED BY:** \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_ Sex: M/F Height \_\_\_\_\_ Weight \_\_\_\_\_

Overall health (circle one): Excellent / Good / Fair / Poor / Other: \_\_\_\_\_

Chief complaint (reason you are here): (use separate sheet if more room needed)

Previous treatments for this complaint \_\_\_\_\_

Other complaints or problems: (use separate sheet if needed) \_\_\_\_\_

Current medications/drugs being taken: (use separate sheet if needed) \_\_\_\_\_

Are you currently under the care of a physician or other health care professionals?

(If yes, please give name and date of last visit):

Nutritional supplements you are taking: \_\_\_\_\_

Do you smoke, drink coffee or alcohol? (if yes indicate how much)

Cigarettes \_\_\_\_\_ Coffee \_\_\_\_\_ Alcohol \_\_\_\_\_

=====

Office Use Only:

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

**HISTORY:**

List any major illnesses (with approx. dates): \_\_\_\_\_

List any surgery or operations with approx. date: \_\_\_\_\_

NewClient 7/01

Past Accidents or injuries: \_\_\_\_\_

Any scars from injuries, surgeries, piercings, tattoos, childbirth? Yes \_\_\_ No \_\_\_

(if yes, please note their location on diagram - see separate page)

Type of diet: Varied \_\_\_; Vegan/vegetarian \_\_\_; Paleo/ketogenic \_\_\_

Type of water you drink? \_\_\_\_\_

Any known allergies? \_\_\_\_\_

Any recent vaccines? \_\_\_\_\_

Marital Status: S M D W Name of Spouse \_\_\_\_\_

Describe health of spouse: \_\_\_\_\_ Number of children if any \_\_\_\_\_

Name of Child Age Sex Any physical conditions or concerns?

\_\_\_\_\_ M/F \_\_\_\_\_

\_\_\_\_\_ M/F \_\_\_\_\_

\_\_\_\_\_ M/F \_\_\_\_\_

Any family history of serious illnesses (circle those which apply): Cancer / Diabetes / Heart / Other \_\_\_\_\_

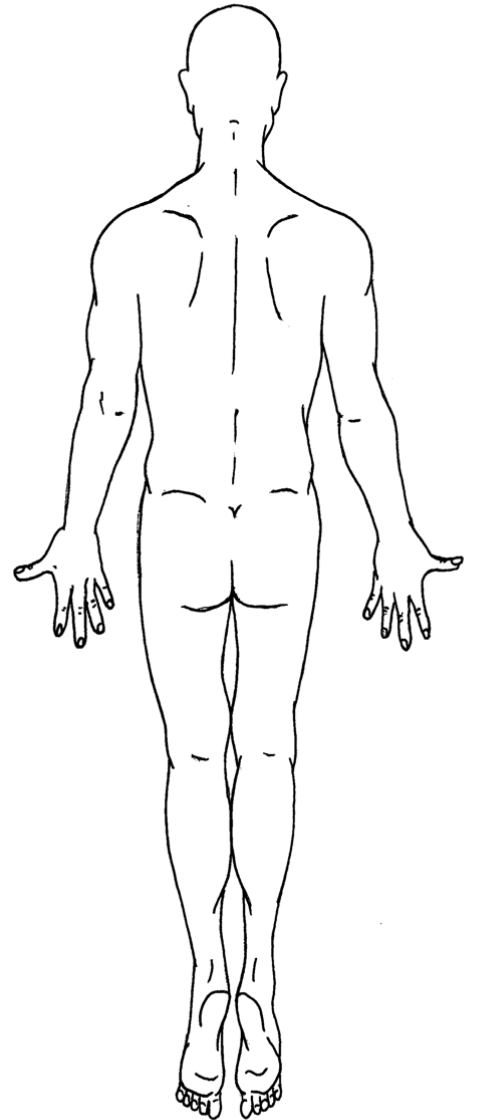
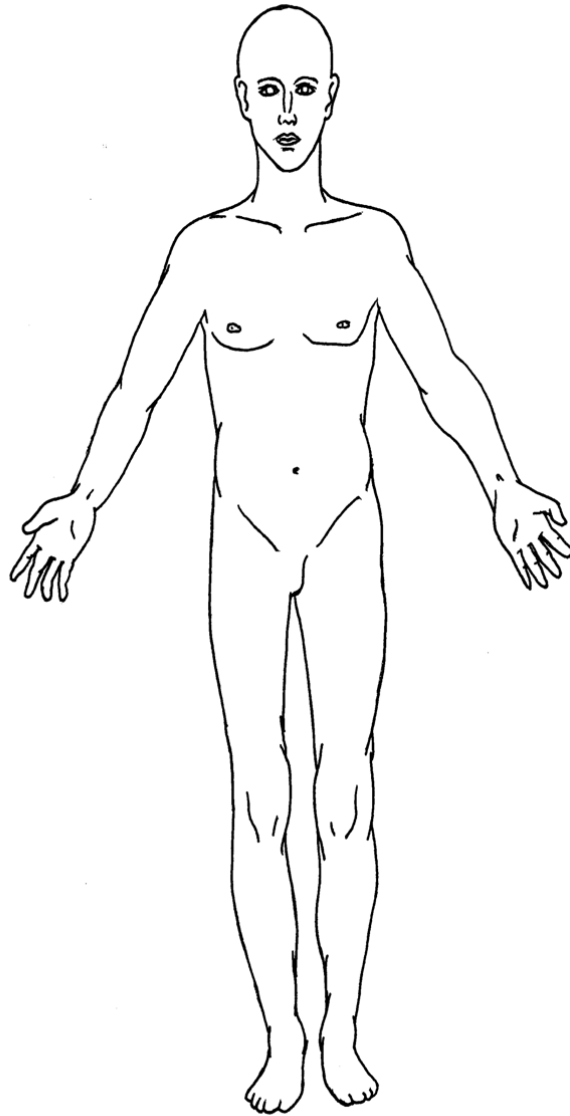
Any family members or close associates with recent vaccines? \_\_\_\_\_

Any household pets or other animals you or family members are in close contact with: \_\_\_\_\_

What can we do to make you happier? \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE \_\_\_\_\_

**Please mark all scars below, including surgeries, injuries, piercings, tattoos, and childbirth (episiotomy, caesarian) scars.**



**Notes:**

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**New Patient Introduction Form**

**Patient Name:**

**Date:**

**1. Chief Concerns:**

**2. Medications and/or Nutritional Supplements currently on:**

**3. Dietary Intake for 2 days before appointment:**

**Breakfast:**

**Breakfast:**

**Snacks:**

**Snacks:**

**Lunch:**

**Lunch:**

**Snacks:**

**Snacks:**

**Dinner:**

**Dinner:**

**Snacks:**

**Snacks:**

# **Professional Acupuncture and Physical Therapy**

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## **Privacy Policy** (effective 04/14/2016)

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### *What information do we collect and how do we use it?*

We collect information about you that is necessary to provide you with health care, maintain your health record, or to process payment of your health claims. This information is known as “protected health information” (PHI) and includes any type of health information that identifies you and is stored or transmitted on paper or electronically. This includes name, age, sex, ethnicity, other demographic information, activity within your account, Social Security number, and health insurance identification number. It also includes medical reports from physicians or other health care personnel and information needed to bill claims and receive payment from insurance companies on your behalf.

### *What information do we disclose and to whom?*

We disclose your information only as is necessary in order to conduct our business, as permitted by law, to:

- 1) Employees, agents, representatives or third parties who provide health care services on your behalf and have been trained to handle PHI in conformity with this notice. These include office personnel, health insurance representatives, physicians and other health care providers for purposes of sharing information related to specific health care operations (including case utilization review or audit).
- 2) Other business associates who perform functions on our behalf, such as billing or transcription services.
- 3) Law enforcement and public health officials.

### *What is our Information Security Policy?*

Professional Acupuncture and Physical Therapy considers your information to be confidential. Only those individuals who need your information to perform their jobs are authorized to have access to that information. We also maintain physical, electronic and procedural safeguards with respect to your information, which comply with Federal standards.

We will not use or disclose PHI for any other purpose without obtaining your specific authorization. You may revoke your authorization of disclosure at any time by written notice to Professional Acupuncture and Physical Therapy.

### *What are your rights under the Health Insurance Portability and Accountability Act?*

You have the right to:

- 1) Request restrictions on certain uses and disclosures of your information.
- 2) Request and obtain copies of your medical and pertinent financial records and request changes if appropriate.
- 3) Receive an accounting of how your health information was used.
- 4) Receive confidential communications from Professional Acupuncture and Physical Therapy.
- 5) File a complaint if you feel your privacy rights have been violated, knowing that Professional Acupuncture and Physical Therapy will NOT retaliate against you for filing a complaint.
- 6) Request further information regarding privacy policy and procedures.

**Contact - Heidi LaBore Smith at (218) 724-3400 or write to:  
Professional Acupuncture and Physical Therapy  
1118 East Superior Street, Duluth, MN 55802**

Professional Acupuncture and Physical Therapy is legally obligated to maintain the privacy of PHI, provide this notice of privacy practices and abide by the terms of this notice. Professional Acupuncture and Physical Therapy reserves the right to revise its privacy practices to PHI.

**Professional Acupuncture and Physical Therapy**

1118 East Superior Street, Duluth, MN 55802

*Heidi LaBore Smith, MS, L.Ac., PT*

**Receipt of Privacy Policy**

I acknowledge receipt of Professional Acupuncture and Physical Therapy 's privacy policy and my rights under it as established by the Health Insurance Portability and Accountability (HIPAA).

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Signature

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Date