

STARKVILLE ACUPUNCTURE



SAAT ALLERGY TREATMENTS



Information and Office Policies

Welcome, and thank you for choosing me as your alternative health care provider. I look forward to working with you. Please take a moment to read the following information and office policies. We will have time during our first visit for you to ask me any questions you might have about my background or acupuncture in general. If you have any other concerns, please feel free to bring them up at any time.

In consideration of other patients, please try to be on time for your appointments.

CONTACT INFO

Name

First

Last

Middle

Address

Street

City

State

Zip

Telephone #

(Home):

(Work):

(Cell):

Email

Emergency

Name:

Phone:

ADDITIONAL INFO

Personal

Date of Birth:

Age:

Medical

Name of Your Primary MD:

Date of Last Physical Exam:

Significant results:

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Current Problem/Reason for Visit

What is your main complaint today?

When did this problem begin (please be specific)?

What do you think caused it?

What treatments have you tried already? What were the results?

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

To what extent does this problem interfere with your daily activities (work, sleep, eating, sex...)?

Have you ever received acupuncture before? Yes No

How did you hear about us?

If changing your diet or lifestyle would reduce your discomfort, would you be willing to change some things?

Yes No

Do you have any reason to believe you are pregnant? (If yes, due date _____) Yes No

Have you ever had surgery on your face or neck? (If yes, which side? _____) Yes No

Are you left or right handed? _____

Comments: Please list any other problems you would like to discuss:

PAST MEDICAL HISTORY:

- | | |
|--|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> STDs |
| <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cancer | |
| <input type="checkbox"/> Hepatitis | |
| <input type="checkbox"/> Seizures | |
| <input type="checkbox"/> Diabetes | |
| <input type="checkbox"/> High Blood Pressure | |
| <input type="checkbox"/> Stroke | |

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Current Problem List/Reason for Visit, cont.

Surgeries (type and date):

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

Allergies (drugs, chemicals, foods):

Significant Occupational Stress (chemical, physical, psychological, etc.):

Medicines taken within the last two months (include vitamins, over-the-counter drugs, herbs, etc.) and for what:

HABITS/SOCIAL:

Do you exercise? Please describe:

Please list any cravings you have on a regular basis:

Please indicate usage per day or week:

_____ Cigarettes per Day Week

_____ Alcoholic Beverages per Day Week

_____ Caffeinated Beverages (coffee, tea, cola, etc.) per Day Week

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Consent Form

I, the undersigned, hereby authorize Clare O’Nan, L.Ac., who is currently licensed in the State of Mississippi (License AC00008) to perform the following acupuncture procedures:

Acupuncture: The insertion of special sterilized, disposable needles through the skin into the underlying tissues at specific points on the surface of the body.

Cupping: A technique used to relieve symptoms by applying cups made of glass, bamboo, or other materials to the skin with a vacuum created by heat or other devices.

Moxibustion (Moxa): The burning of herbs on or near the body to warm it, strengthen it, and relieve symptoms. Moxa comes in several forms, such as stick, string, ball, cone, or rice grain.

Acupressure/Reflexology: A technique of Chinese medical pressure based on acupuncture theory, used for a variety of common disorders.

Dietary Advice: Food and herbal advice based on traditional Chinese medical theory.

Western Herbs/Homeopathics: Advice based on the study of herbs and homeopathic medicine.

Electro acupuncture: The running of very low electrical current through one or more needles to help heal the body.

My provider, Clare O’Nan, L.Ac., has clearly discussed in detail the nature and purpose of the treatment, the expected benefits, potential side effects, and risks of Complementary and Alternative Medicine. All the risks and benefits of Complementary and Alternative Medicine versus Conventional Medical Care have been discussed.

I consent that I knowingly, intelligently, and voluntarily accept the risk of treatment provided with due care. I also understand that it is best to combine these approaches with conventional medical treatment. If I choose to abandon traditional medical treatment exclusively in favor of complementary and alternative therapy approaches, I consent that I do so against the advice of Clare O’Nan and take full responsibility for this decision.

I verify that neither Clare O’Nan nor any of her staff have given me any guarantees or promises with respect to the outcome of the Complementary and Alternative treatment.

Signature of Client Date

Signature of Legal Guardian Date

Signature of Witness Date

Clare Mallory O’Nan, O.M.D., M.Ac., Dipl.Ac. (NCCAOM), L.Ac.
100 C2 GT Thames Drive, Starkville MS 39759

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NOTIFICATION TO ACUPUNCTURIST OF PHYSICIAN EVALUATION

Pursuant to the requirements of MS Code of 1972 Section 73-71-7
of the Acupuncture Practice Act, effective July 1, 2017

Patient Name (print) _____

I am notifying the acupuncturist above of the following:

I have been evaluated by a physician for the condition being treated within 6 months before the acupuncture was performed. I recognize that I should be evaluated by a physician for the condition being treated by the acupuncturist.

Signature _____

Date _____

OR

I am requesting treatment for one of the conditions below, which does not require a physician evaluation.

Smoking addiction

Weight loss

Substance abuse

Signature _____

Date _____

Note:

- 1. Please be advised that acupuncture is not a substitute for conventional medical diagnosis or treatment. The acupuncturists will discuss treatment techniques and get informed consent from the patient.*
- 2. If your condition does not improve you will be referred to your primary care doctor for an evaluation.*

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PLEASE NOTE!

We are an acupuncture and holistic care clinic; we don't just treat symptoms; we look for *why*. Our goal is to help you by treating the root cause of your symptoms so that they don't continue to be an issue. Therefore, in order to provide the best care possible, a functional holistic consultation and evaluation visit is recommended for new patients. Once Clare has completed the evaluation, she will give her recommendations for the best treatment course for your specific situation and together you will make a plan that works for you.

Recommendations may include any or all of the following (**please see next page for fees**):

Traditional Acupuncture Treatment: *Good for: Multiple health, pain, and emotional conditions, as well as for stress management.*

Traditional Acupuncture involves the placement of tiny needles in strategic areas of the body. The needles are about the width of a hair, and they stay in place for 30-40 minutes while you rest. Most people experience acupuncture as relaxing, and a lot of people fall asleep with it. For most conditions, you will need to come back once or twice a week for two or more months, and then treatments are tapered down over time as appropriate.

SAAT (Soliman Auricular Allergy Treatment): *Good for: All allergies and sensitivities, including Alpha-Gal Syndrome; food; environmental; seasonal; animal; critter; chemical; preservative; scent*

SAAT involves the placement of one or more tiny needles (about 3 mm long, similar in size to a splinter) in the outer portion of the ear. The needles remain in place for three to four weeks and are secured with medical glue and adhesives. For food and Alpha-Gal sensitivities, as long as our re-evaluation is negative on retesting (after three to four weeks), we work with you to slowly reintroduce those foods back into your diet. The vast majority of our patients experience desensitization (an absence of symptoms) following one treatment with SAAT.

Functional Medicine: *Good for: autoimmune conditions, complex medical conditions, leaky gut/SIBO; anxiety/depression; after-effects of COVID (including long COVID), skin conditions, and more*

Functional Medicine Evaluation and Treatment involves a combination of homeopathy, acupuncture, and auricular medicine to both evaluate and treat energetic and physical blockages that can be both causing symptoms and impeding treatment. Lifestyle modification may also be recommended.

Homeopathic therapy is an extremely gentle form of therapy that has no negative interactions with any drugs, herbs, or supplements. Working on the level of frequencies, these remedies boost the body's own natural healing resources and stimulate a healing response from within. The holistic treatment course (which remedies and for how long) is established by information gained from the holistic evaluation itself, in addition to the patient's personal history.

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NOTICE OF NON-COVERAGE

Clare O’Nan, L.Ac., does not participate with any insurance provider. If your treatment is covered by your insurance company, we can give you paperwork to submit for reimbursement *for traditional acupuncture only*.

Please review our fee structure:

SERVICE	PRICING
Acupuncture – Traditional or Auricular	New Patient/Re-establish Care (if not seen within three years) \$250 Established Patient \$125
Alpha-Gal Evaluation and Treatment	New Patient/Re-establish Care (if not seen within three years) \$600 Established Patient \$350 Followup for Retesting \$50 Possible Additional Cost (if needed) for homeopathic remedies \$300-\$450
Allergy Evaluation and Treatment (up to 8 items)	New Patient/Re-establish Care (if not seen within three years) \$250 + \$150/needle Established Patient \$150/needle Possible Additional Cost (if needed) for homeopathic remedies \$300-\$450
Allergy Evaluation Complete Panel (Food OR Environment) (Established Patients Only)	\$300
Functional Medicine Evaluation and Treatment	New Patient/Re-establish Care (if not seen within three years) \$250 + remedies Established Patient \$125 + remedies Established Patient/New Issue \$250
Homeopathic Remedies/Dietary Supplements	\$75 to \$2000

Signature of Patient

Date

Printed Name

Clare Mallory O’Nan, O.M.D., M.Ac., Dipl.Ac. (NCCAOM), L.Ac.
100 C2 GT Thames Drive, Starkville MS 39759

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Policy for Cancelled/Missed Appointments

Cancellation/Rescheduling Policy: While we know that life happens and emergencies come up, we set aside time for your appointment and often can't fill last-minute cancellations. We **request a 24-hour notice** for any cancelled appointment.

Same-day cancellations significantly affect our business; therefore, for cancellations within 24 hours of your appointment, barring true emergencies, will be handled as outlined below. **There are NO EXCEPTIONS to this policy.**

CANCELLATIONS:

First Appointment: If you have to cancel your first appointment with less than 24 hours' notice, we will require a nonrefundable credit card deposit of \$200 prior to rebooking. The \$200 will be applied to your visit; however, if you reschedule same day again, you will have to put down an additional \$200 deposit.

Followup Appointments: If you have to cancel a followup appointment, you will be charged the full fee of the followup visit (for AGS, the cancellation fee for followup/retesting will be the regular visit fee of \$125).

NO-SHOWS:

If you "no-show" for your appointment, we will require a credit card on file prior to booking any future appointments and will run the card for the full fee the day of the appointment whether or not you show up.

I, the undersigned, understand the above clinic policy.

Signature of Patient

Date

Printed Name

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Acknowledgment of Receipt of Privacy Notice

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Clare O’Nan, L.Ac.’s Notice of Privacy Practices.

I understand that if I have any questions regarding this Notice of Privacy Practices, or of my privacy rights, I can contact Clare O’Nan, L.Ac.

Signature of Client

Date

Signature of Parent, Guardian, or Personal Representative

Date

Legal Relationship to Client

For Office Use Only

Client Name: _____

Date of First Service: _____