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:*

Clare Mallory O'Nan, M.Ac., Dipl.Ac. (NCCAOM), L.Ac., SAAT® Cert., AM Cert.
12183 MS-182 West, Starkville MS 39759

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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? _____

Are you on immunosuppressants? ☐ Yes ☐ No

Are you currently or have you ever been exposed to mold? ☐ Yes _____(when) ☐ No

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

PAST MEDICAL HISTORY:

- ❒ Arthritis
- ❒ Heart Disease
- ❒ Low Blood Pressure
- ❒ Cancer
- ❒ Hepatitis
- ❒ Seizures
- ❒ Diabetes
- ❒ High Blood Pressure
- ❒ Thyroid Disease
- ❒ STDs
- ❒ Stroke

Other:

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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.

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.

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

Western Herbs/Remedies 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.

SAAT: The use of intradermal needles applied to the ear for a month for the treatment of allergies and sensitivities.

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

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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!

Our clinic offers comprehensive holistic medical clinic with a broad selection of treatment options. Our primary focus is to provide patients with long-lasting relief by addressing the underlying cause of each ailment. **Below is a summary of each service we offer and the associated fees.**

Functional Medicine™: We use a highly effective form of functional medicine known as Auricular Medicine™, which involves a combination of homeopathic-type remedies, SAAT™ (see below), and acupuncture to treat energetic and physical imbalances. Working on the level of frequencies, these remedies boost the body's own natural healing resources to stimulate a healing response from within.

While we offer both traditional acupuncture and Auricular Medicine™, we have found that Auricular Medicine™ is far more effective at addressing cause and stimulating long-term healing. We therefore address all complex medical conditions with Auricular Medicine, including the following: *Any autoimmune conditions; Lyme; thyroid issues; heavy metal or mold exposure; leaky gut/SIBO; blood sugar issues; fibromyalgia; after-effects of COVID (including Long COVID); skin conditions; or any other complex or chronic medical condition.* **Cost:** Initial visit $350, followup $250. Treatment recommendations are individualized based on your evaluation. When remedies are recommended, their cost varies depending on your individual needs and is additional to the visit fee.

Traditional Acupuncture Treatment: 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 many 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. **Cost:** Initial visit $350; followup $150.

SAAT (Soliman Auricular Allergy Treatment): 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 four weeks and are secured with medical glue and adhesives. The majority of our patients experience desensitization (an absence of symptoms) following one treatment with SAAT.

Cost:
Alpha-Gal: I*nitial Alpha-Gal Treatment: $600.* This includes establishing care, testing, and treatment for Alpha-Gal, as well as testing and treatment for animal proteins when indicated. We also test for other sensitivities and factors that can impact treatment and may need to be addressed. Additional treatment, when needed, may involve additional cost.

Other Allergies/Sensitivities: Initial visit $350 plus cost per sensitivity: 1-5 sensitivities: $150 each; 6-9 sensitivities $125 each; 10 or more sensitivities $100 each.

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PATIENT FINANCIAL POLICY

1. All services are provided to you with the understanding that you are responsible for the cost of treatment and remedies. Fees are outlined on the previous page; please review it.

2. All services are self pay and must be paid for at the time of service.

3. 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*.

4. All supplements and remedies must be paid for at the time of receipt. Supplements and remedies may not be returned once opened due to safety concerns. Remedies may not be returned *even if unopened* due to exposure concerns.

5. We request a 24-hour notice for cancelled appointments. Cancellations within 24 hours of your appointment, barring true emergencies, will be charged the full fee.

6. 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: _____

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