

Welcome

Welcome to acupuncture and massage at Stonington Natural Health Center. We are so glad that you made it here. Soon you will experience a wonderful, relaxing treatment.

Here at Stonington Natural Health Center, we offer Oriental Medicine Treatments, the SNHC Customized Massage, Hot Stone Massage, Pregnancy Massage, Reiki, Reiki Healing Massage, and Ear Candling. Enjoy feeling your muscles release and be able to breathe more deeply, allowing your mind to rest. These Holistic Therapies help you to let go of your worries. Your body, mind, and spirit will thank you for this enjoyable rejuvenating treatment.

If you are here for Oriental Medicine today, your treatment may include some combination of acupuncture, tui na (twee nah) massage, herbal medicine, Qi gong (chee gung), or nutritional counseling. This is your time to discover the relaxation and bliss of these therapies as they unblock and promote the smooth flow of your Qi, or energy, and help you to heal.

For injuries or health complaints, it is recommended to come in for treatments for a series of days close together. You will receive the most benefit when being treated before the effects of the previous treatment disappear. During times of stress, anxiety, or depression, it is helpful to come in for acupuncture and massage treatments at least once a week. In China, it is common to see the acupuncturist for a series of days in a row, then slowly space the treatments apart as a tune-up to maintain good health. This allows us to shift the pattern of your energy more quickly and easily and with longer lasting effects. And that's our goal, to get you better quickly and to instill long-term good health.

If you have any questions, concerns, or feedback, feel free to talk with or email us at info@snhc.com.

*We appreciate this opportunity to contribute to you on your path
towards optimal health and happiness.*

ALL OF US AT STONINGTON NATURAL HEALTH CENTER

All life is an experiment. The more experiments you make the better.

RALPH WALDO EMERSON

Enjoy the journey.

DEEPAK CHOPRA

Stonington Natural Health Center

*acupuncture * herbal medicine * bodywork

FINANCIAL POLICIES FOR TREATMENT AND CARE

Oriental Medicine is excellent for helping you when you are not feeling well. If you have a cold, flu, illness or are in pain, those are the best times to come in. We prefer that you come in on time; however, if you are running late, we prefer that you arrive late rather than miss your appointment. If you need to change, reschedule, or cancel, we greatly appreciate your calling Stonington Natural Health Center as soon as you can and *at least two days, or 48 HOURS*, before your appointment.

“Minimum 48 Hours Cancellation Policy”:

Your appointment time is reserved for you. **We prefer 48 hours notice. If LESS THAN 24 HOURS is given to Stonington Natural Health Center for rescheduling or canceling, your credit card will be charged for the appointment. Treatment packages will have one treatment deducted.**

SNHC Cancellation Policy means that if your appointment is 9am Monday, you have **up to 24 hours before**, or 9am Sunday, to reschedule in order not to be charged--please leave a message. We prepare our schedule days in advance, and while we know that situations arise, this policy must exist for us to be here for you. Thank you for understanding.

Payment: In an attempt to keep health care costs low, payment is required at the time of your service. Preferred payment methods are cash, check, Visa, Master Card, or Discover.

Treatment Plans: Dr. Marco or your Licensed Massage Therapist will develop your treatment plan to guide you to accomplish your goals and feel your best as soon as possible. Follow your Treatment Plan to achieve optimal results rather than experience a yo-yo effect.

Reduced Fee Treatment Packages and SNHC Massage Memberships: are available to (1) make check-out easier, (2) lower the price, and (3) make a commitment between practitioner and patient to help you complete your treatment goals. Treatment Packages and SNHC Memberships are not refundable and can only be used for the services purchased. Acupuncture Treatment Packages are good for a one year time period from the date of purchase and SNHC Massage Memberships have specific expiration dates.

Your credit card number is kept on file for payment of any missed or cancelled appointments and for guarantying personal checks. Your credit card information is kept private, confidential, and secure.

The following information is required to receive treatments:

Visa/MC _____ / _____
(Please circle) Credit Card Number Month year 3 digit code on back

I have read, I understand, and I agree to the above information:

Signature

Printed Name

Date

Client Intake Form

Please be aware that massage therapists abide by a code of ethics that ensures and protects client confidentiality; no information about a client is shared or disclosed unless the client gives informed consent.

Name _____ Today's date _____

Email address _____

Address _____

Home number _____ Work number _____ Alternate number _____

Employed By _____

Occupation/Profession _____

Your Date of birth _____ Age _____

Referred By _____

Emergency Contact _____

Have you had a massage before? _____ When? _____

Reason for today's visit: _____

Any areas you would like me to avoid? (i.e., ticklish areas) _____

Do you wear contact lenses and or hearing aid? _____

of glasses of water per day _____ Hours of sleep? _____ Are your bowels regular? _____

Do you have reason to believe you may be pregnant? Y / N Due date _____

Do you belong to a fitness facility? Y/ N

List any recent injuries, surgeries, accidents or medical treatments? _____

Pain and discomfort can be traced back to many different origins. Please describe your complaint below, and mark the affected area(s) on the figure shown here:

Are you presently taking medication or supplements? Y / N If yes, please include

Please Check any of the following conditions:

Musculoskeletal

- Fibromyalgia
- Spasms/Cramps
- Sprains/Strains
- Osteoporosis
- Postural Deviations
- Gout
- Osteoarthritis/Rheumatoid Arthritis
- TMJ
- Cysts
- Bursitis
- Plantar Fasciitis
- Tendonitis
- Whiplash Syndrome
- Carpal Tunnel
- Headache
- Leg Pain
- Arm/Shoulder Pain
- Lower Back Pain
- Mid Back Pain
- Hip Pain
- Other _____

Respiratory

- Pneumonia
- Sinusitis
- Asthma
- Trouble Breathing
- Dizziness

Circulatory

- Anemia
- Hemophilia
- Hypertension
- Low blood pressure
- Raynaud's Disease
- Varicose Veins
- Heart Condition
- Blood Clots/Phlebitis
- Diabetes
- Edema
- Other _____

Digestive

- Ulcers
- Irritable Bowel Syndrome
- Colitis
- Hepatitis
- Gallstones
- Chron's Disease
- Diarrhea
- Gas/Bloating
- Indigestion
- Other _____

Skin

- Fungal Infections
- Acne
- Impetigo
- Dermatitis/Eczema
- Psoriasis
- Open Wounds or Sore
- Rashes
- Warts/Moles
- Athletes Foot
- Other _____

Nervous System

- ALS
- Multiple Sclerosis
- Parkinson' Disease
- Bell's Palsy
- Spinal Cord Injury
- Seizure Disorders
- Numbness/Tingling/Twitching
- Other _____

Other

- Insomnia
- Anxiety/Panic Attacks
- Grief Process
- Cancer
- Substance Abuse
- Chronic Fatigue
- HIV/AIDs
- Lupus
- Kidney disease
- Bladder Infection
- Other _____

Are you currently under a doctor's care? ___ Dr.'s Name and number _____

The above information is accurate to the best of the knowledge. I understand that massage therapists are neither trained nor licensed to provide medical treatment, diagnose, prescribe medications, perform spinal or joint manipulation, nor any other service for which a license to practice medicine, chiropractic, naturopathy, physical therapy or podiatry is required by law. I understand that massage therapy is not a substitute for medical attention or examination. I assume full responsibility for alerting the practioner to any changes to my health. I am responsible for payment for services rendered.

Client Signature _____ Date _____ 