



Linda N. Hillis, TX, L.A.C. #000768  
Acupuncture & Oriental Medicine  
601 University Dr. Suite 106  
Ft. Worth, TX 76107  
817-703-7601

Patient Information and Agreements

Patient Name \_\_\_\_\_ Referred By \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status (circle one) Married Single Divorced Gender (Circle one) Male Female

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Financial Policy

Fees for all services and products are due at the time of service. I understand that this provider does not accept insurance or file insurance claims including health insurance, Worker's Comp, auto injury or personal injury. All claim processing is the responsibility of the patient. Payment may be made in the form of cash or check.

Appointment

As a courtesy to other patients, please be on time for your scheduled appointment. Should you need to cancel or reschedule, please give 24 hours notice to avoid a \$25.00 cancellation fee. In addition, there is a No-show fee of \$80.00

I have actually read the above statements and I agree to all terms and conditions therein.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Informed Consent for Treatment

I consent to acupuncture and other procedures associated with Traditional Chinese medicine by Linda Hillis. I understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, Chinese herbal medicine and nutritional counseling. I have been informed that acupuncture is a safe method of treatment, but may have side effects including dizziness or fainting. Bruising is a common side effect of cupping. Unusual risks of acupuncture may include spontaneous miscarriage, nerve damage, organ puncture or lung puncture (pneumothorax). Infection is another possible risk, although the clinic uses sterile, single use needles and maintains a clean, safe environment. Burns and/or scarring are a potential risk of moxibustion. I understand that while this document describes the major risks of treatment, other side effect and risks may occur. The herbs and nutritional supplements (which are from plant, animal and mineral sources) that have been recommended are traditionally considered safe in the practice of Chinese Medicine, although some may be toxic in large doses. I understand that some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives and/or tingling of the tongue. I will notify the clinic if I am or become pregnant. I do not expect Linda Hillis to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on her to exercise judgment using the course of treatment that she believes, at the time and based upon the facts then known, is in my best interest. I acknowledge and specifically state that I understand that treatment with acupuncture (like other health services treatments) cannot and does not guarantee specific results or cures. By voluntarily signing below I show that I have read, or have had read to me this consent to treatment, and have been told about the risks for acupuncture and other procedures and have had the opportunity to ask questions. I intend this consent to cover the entire course of treatment for any and all conditions for which I seek acupuncture treatment by Linda Hillis.

Printed Name \_\_\_\_\_

Patient /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_