



106 Stellarton Rd.
New Glasgow, NS B2H 1L8
Ph: 902-755-1210
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apunke.nd@gmail.com

Information Collection & Fee Policies

Information Collection Policy

Privacy protocols at Dr. Amy Punké, Naturopathic Doctor's practice comply with the Personal Health Information Protection Act (PHIPA), the Personal Information Protection and Electronic Documents Act (PIPEDA), and the standards of the College of Naturopathic Doctors of Alberta (CNDA), our regulatory body.

Your information may be accessed by regulatory authorities under the terms of the College of Naturopathic Doctors of Alberta (CNDA), for the purpose of fulfilling our regulatory body's mandate or by law. Our office will not disclose your personal confidential information to insurance companies or to third-party companies. For all other types of disclosure, we require a signed consent form by the patient.

Our practice recognizes the sensitive nature of the information that you have disclosed and all associates of the practice have been trained in the appropriate use and protection of your information. Proper adherence of our Information Collection Policy ensures:

- Only necessary information is collected about you
- We only share your information with your consent
- Storage, retention and destruction of your personal information complies with the CNDA regulations
- Our ability to remind you of upcoming appointments and maintain ongoing contact with you
- Advisement of proper treatment options
- Delivery of newsletters and other informational mailings where appropriate

Naturopathic Fee Policy

- Fees are due at time of service
- Phone consultations and acute appointments are available only after the initial consultation has been completed
- Supplements recommended to patients as part of therapeutic protocols may be purchased at this Wellness Center when available but patients are not required to purchase supplements from this location
- Patients may ask to view their records from Dr. Amy Punké, ND
- 24-hour cancellation or change of appointment time is required to avoid being charged 100% of missed appointment
- Cost of facial acupuncture is \$100. There may be an additional cost if more needles are necessary.

INITIAL _____



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INFORMED CONSENT FOR FACIAL ACUPUNCTURE

DISCLAIMER Informed-consent documents are used to communicate information about the proposed procedure along with disclosure of risks and alternative forms of treatment(s). The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances. However, informed consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your acupuncturist may provide you with additional or different information which is based upon all the facts in your particular case and the present state of knowledge within the field of acupuncture. Informed consent documents are not intended to define or serve as the standard of acupuncture. Standards of acupuncture are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve. It is important that you read the information below carefully and have all of your questions answered before signing the consent on the next page.

INSTRUCTIONS This is an informed consent document that has been prepared to help your Naturopathic Doctor inform you concerning facial acupuncture treatments, the risks involved, and possible alternatives. Please be advised that this is not a surgical procedure. It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for facial acupuncture treatments, as proposed by your acupuncturist.

INTRODUCTION An acupuncture facial treatment involves the insertion of acupuncture needles into fine lines and wrinkles on the face and neck in order to reduce the visible signs of aging. In Traditional Chinese Medicine, the meridians or pathways of Qi (energy) flow throughout the entire body from the soles of the feet up to the face and head; consequently, a facial acupuncture treatment addresses the entire body constitutionally, and is not merely cosmetic. An acupuncture facial involves the patient in an organic, gradual process, that is customized for each individual. It is no way analogous to, or a substitute for, a surgical facelift. A treatment session may confine itself solely to facial acupuncture, or it may be used in conjunction with other acupuncture point on the body.

BENEFITS Facial acupuncture can increase facial tone, decrease puffiness around the eyes, as well as bring more firmness to sagging skin, enhance the radiance of the complexion, and flesh out sunken areas. Customarily, fine wrinkles will disappear, and deeper ones be reduced. As this treatment is not merely confined to the face, but incorporates the entire body and constitutional issues of health.

ALTERNATIVE TREATMENTS Improvement of sagging skin, wrinkles and fatty deposits may be attempted by other treatments or surgery such as a surgical facelift, chemical face peels, or liposuction. Risk and potential complications are associated with these alternative forms of treatment.

RISKS OF FACIAL ACUPUNCTURE Every procedure involves a certain amount of risk and it is important that you understand the risks involved with acupuncture. An individual's choice to undergo an acupuncture facial is based upon the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them with your naturopathic doctor to make sure you understand the risks, potential complications, and consequences of an acupuncture facial.

BLEEDING: It is possible, though very unusual, that you may have problems with bleeding during an acupuncture facial. Should post-acupuncture bleeding occur, it will usually only consist of a few drops. Accumulations of blood under the skin may cause a bruise, or hematoma, which will resolve itself.

INFECTION: it is very unusual after facial acupuncture. Should an infection occur, additional treatment, including antibiotics, may be necessary.

DAMAGE TO DEEPER STRUCTURES: Deeper structures such as blood vessels and muscles are rarely damaged during the course of a facial acupuncture treatment. If this does occur, the injury may be temporary or permanent. INITIAL _____



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ASYMMETRY: The human face is normally asymmetrical. Thus, there can be a variation from one side to the other in the results attained from a facial acupuncture treatment.

BRUISING AND PUFFINESS: There is a possibility of bruising (hematomas), puffiness, blood, tingling, itching, warmth, pain or other symptoms at the site of the needle.

NERVE INJURY: Injuries to the motor or sensory nerves rarely result from facial acupuncture treatments. Nerve injuries may cause temporary or permanent loss of facial movements and feeling. Such injuries may improve over time. Injury to sensory nerves of the face, neck and ear regions may cause temporary or more rarely permanent numbness. Painful nerve scarring is very rare.

UNSATISFACTORY RESULT: There is the possibility of a poor result from an acupuncture facial. You may be disappointed with the results. We cannot guarantee results.

ALLERGIC REACTIONS: In rare cases, local allergies to topical preparations have been reported. Systemic reactions which are more serious may occur to herbs used during an acupuncture facial. Allergic reactions may require additional treatment.

DELAYED HEALING: Delayed wound healing or wound disruption are a rare complication experienced by patients in the aftermath of an acupuncture facial. There is a greater risk for smokers, who frequently have dry, sagging skin, which does not heal as readily as that of non-smokers, or those with a compromised immune system and diabetes.

LONG TERM EFFECTS: Subsequent alterations in facial appearance may occur as the result of the normal process of aging, weight loss or gain, sun exposure, or other circumstances not related to an acupuncture facial. An acupuncture facial does not arrest the aging process or produce permanent tightening of the face and neck. Future facial acupuncture maintenance treatments, or other treatments, may be necessary to maintain the results of an acupuncture facial.

ADDITIONAL CARE NECESSARY There are many variable conditions in addition to risk and potential complications that may influence the long term result from acupuncture facial treatments. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with an acupuncture facial treatment. Other complications and risks can occur but are even more uncommon. Should complications occur, other treatments may be necessary. The practice of acupuncture is not an exact science. Although good results are expected, there is no guarantee or warranty, either expressed or implied, on the results that may be obtained.

CONSENT FOR FACIAL ACUPUNCTURE PROCEDURE OR TREATMENT

___ I hereby authorize Dr Amy Punké, Naturopathic Doctor to perform the following: facial acupuncture. Assistance (needle prep and face prep) may be offered by Dr. Punké's assistant, Jenny Malloy. I have received the following acupuncture facial sheet: INFORMED CONSENT FOR ACUPUNCTURE FACIAL.

___ I recognize that during the course of the acupuncture facial, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above naturopathic doctor and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my naturopathic doctor at the time the procedure is begun.

___ I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.

Patient Signature or Person Authorized to Sign for Patient

Date: _____ Practitioner: _____



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Contact Information:

Name: _____ Age: _____ Date of Birth: _____ Gender: M F
Address: _____ Email: _____
Phone (H): _____ (W): _____ (C): _____
Emergency contact: _____ Relationship: _____ Phone: _____
Medical doctor: _____ Phone: _____
Address: _____
How did you become aware of us? _____
How would you like to be reminded of upcoming appointments? _____

Insurance

Do you have private insurance? Y N; If yes, with whom: _____
Do we have permission to contact your insurance company to inquire about your medical coverage for Naturopathic Medicine? Y N

Notes (for office use):



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Medical History:

How would you describe your general state of health: Excellent Good Fair Poor

Do you wear a medical alert bracelet/tag? Y N For what condition? _____

What is your blood type? A B O AB Unsure

Do you wear: Corrective lenses Dentures Hearing aid Medical devices/prosthetics/implants

For the following tables, please use the back of this page if more room is required:

Medical Conditions: Please indicate any hospitalizations, surgeries and injuries you have experienced:

Hospitalization / Surgery/ Injury	Date	Symptoms	Condition Resolved?

X-rays, CT Scans, EKGs, ECGs, MRIs, or other imaging scans you've had in the past:

Scan/ Screen/ Test	Date	Reason	Result

Allergies and/ or food sensitivities:

Allergy/ Sensitivity	Symptoms	Treatment/ Avoidance?

Current medications/supplements: Please list ALL medications or supplements you take on a regular basis:

Please bring all supplements with you to your first visit

Medication/Supplement	Dose (if known)	Length of Use	Reason for Taking



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Screening Tests: Please indicate when you had the following screening tests (if known):

Please bring a copy of any test results you have to your first visit

Screen/ Test	Date	Screen/Test	Date
PAP (Females)		DEXA Scan (Bone Density)	
Digital Rectal Exam (Males)		Complete Blood Count (CBC)	
PSA Test (Males)		Cholesterol	
Breast Exam (Both)		Blood Glucose	
Mammogram		Other: _____	

Date of last complete physical exam: _____

Have you taken antibiotics within the last 5 years? Y N If yes, how many times? _____

Were you frequently given antibiotics as a child? Y N How often? _____

Have you ever been diagnosed with any of the following?

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Colitis | <input type="checkbox"/> Genetic Disorder | <input type="checkbox"/> Mono |
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Crohn's Disease | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Osteoarthritis |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Depression | <input type="checkbox"/> Gastric/Duodenal Ulcer | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Pancreatitis |
| <input type="checkbox"/> Autoimmune Disease | <input type="checkbox"/> Drug Addiction | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Benign Prostatic Hypertrophy | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Psoriasis |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Eczema | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Emphysema | <input type="checkbox"/> HIV | <input type="checkbox"/> Skin Condition |
| <input type="checkbox"/> Cardiovascular Disease | <input type="checkbox"/> Endometriosis | <input type="checkbox"/> Intestinal Parasites | <input type="checkbox"/> STD |
| <input type="checkbox"/> Celiac Disease | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Chronic Fatigue Syndrome | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Thyroid Condition |
| <input type="checkbox"/> Other: _____ | | | |