

NEW PATIENT FORM

Today's Date (M/d/yyyy) :

OWNER INFORMATION			
Owner's last name:		First name:	
Street address:		Cell phone no.: () - -	Home phone no.: () - -
P.O. box:	City:	State:	ZIP Code:
Occupation:		Email address:	
How did you hear about Positive Chi? (Please check one box):		Referred by <input type="checkbox"/> Dr.	<input type="checkbox"/> Website
<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Other

PATIENT INFORMATION			
Pet's name:			
Location of pet (if different from above address):			
Pet's age:	Pet's birthday (M/d/yyyy):	Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Horse	Regular Veterinary Clinic:
Weight:			
Breed:	Color:	Sex: F <input type="checkbox"/> M <input type="checkbox"/> Spay/Neuter/Gelding <input type="checkbox"/>	Regular Veterinarian:

PET HISTORY

Primary complaint/symptoms:

- ♣
- ♣
- ♣
- ♣

Current Medications/Supplements:

- ♣
- ♣
- ♣

Diet:

- ♣



INFORMED CONSENT TO ACUPUNCTURE TREATMENT

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of acupuncture on my pet _____ by POSITIVE CHI.

I understand acupuncture balances the body's own system of healing. Methods of treatment may include, but are not limited to, acupuncture, moxibustion, electrical stimulation, Tui-Na (chinese Massage), chinese herbal medicine and food therapy. I understand that the herbs need to be administered according to the instructions provided orally and in writing. The herbs may be an unpleasant smell or taste. I will immediately notify Dr. Haley of any unanticipated or unpleasant effect associated with the administration of the herbs.

I have been informed that acupuncture is a generally safe method of treatment, but that it may have some side effects, including bruising and mild deterioration before improving. Insertion of the needles is virtually painless; however a moment of sensitivity may be experienced in tender areas. Once the needles are in place, most animals become relaxed and may even fall asleep during the treatment. Acupuncture is tolerated well by patients. Occasionally patients may be tired for several days after a treatment. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage, ingestion of needles and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although POSITIVE CHI uses sterile disposable needles and maintains a clean and safe environment.

I understand that while this document describes the major risks of treatment, other side effects 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 include gastrointestinal upset. I will notify Dr. Haley if my pet is or becomes pregnant.

I understand veterinary acupuncture and herbal therapies are complementary medical alternative treatments and do not replace conventional western medicine. I acknowledge my family veterinarian, as the primary and emergency care provider, is responsible for all testing, i.e., radiography, blood work, etc., and provides western medicine protocols.

I understand POSITIVE CHI is a referral veterinary practice. I authorize Dr. Daphne Haley, DVM, CVA and POSITIVE CHI to discuss my pet's medical history and treatment protocols with my family veterinarian. I hereby authorize Dr. Daphne Haley, DVM, CVA to examine and/or perform procedures they deem necessary for my animals. I acknowledge and understand that there are risks involved in handling animals and in their medical treatment. I will not hold Dr. Daphne Haley, DVM, CVA and POSITIVE CHI responsible in the event my animal bites or injures me during an examination. I further acknowledge that there is no guarantee as to the result of any treatment made by Dr. Daphne Haley, DVM, CVA. I agree to hold Dr. Daphne Haley, DVM, CVA harmless in the event of unforeseen incidents while my animal is under the care of POSITIVE CHI.

I am the legal owner or the representative of the legal owner of the animals I present for diagnosis and treatment. I am over the age of 18 years. I understand POSITIVE CHI requires payment in full at the time services are rendered by cash or check. I understand that if my animals are covered by medical/surgical insurance it is my responsibility to notify the insurance agent or adjuster of any illness, injury or anticipated procedure that may affect that coverage. POSITIVE CHI requires payment in full at the time services are rendered. (The insurance carried for animals is handled differently than human medical insurance. Clients are reimbursed by the insurance companies for monies paid to veterinarians for approved services.) POSITIVE CHI will be happy to assist in completing the required paperwork for your insurance reimbursement once your account with us is paid in full.

Guardian signature

Date (M/D/YYYY)