



Lisa Ledbetter, L. Ac.
 Live Well
 3900 S. Wadsworth Blvd Suite #400
 Lakewood CO, 80235

New Patient Intake Form

Name (Last, First, M) _____

Social Security (for insurance) _____ - _____ - _____ Sex _____ Date of birth _____ / _____ / _____ Height _____ Weight _____

Address _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Phone (C) (____) _____ (W) (____) _____

Email (for office newsletter) _____

Emergency Contact _____ Relationship _____

Phone (____) _____ Referred by _____

Thank you for choosing me as your health care practitioner. Colorado law requires that all acupuncturists provide the following information to patients on the first visit. Please take the time to read this document and sign it. I am looking forward to serving you and helping you with your health care needs.

Credentials

Lisa K. Ledbetter, L.Ac, Dipl.Ac. has attained the following credentials:

- B.Sc., Colorado State University, 1996 (4 years of training)
- Diplomat, Colorado School of Traditional Chinese Medicine, 1999 (1800 hours of training)
- Diplomat, Acupuncture, NCCAOM, 1999-Present (1800 hours plus passage of board exam)
- Licensed Acupuncturist with the State of Colorado, 1999-Present
- Professional Member, Acupuncture Association of Colorado, 1998- Present

Scope of Practice

The focus of this practice is Oriental Medicine. Lisa K. Ledbetter, L. Ac., Dipl. Ac. is certified to offer treatments which include acupuncture as well as the prescription of Chinese herbs. Other permitted therapies which may be included in the treatment include electrical stimulation, moxibustion, cupping, Chinese therapeutic massage (tui na), Chinese dermabrasion (gua sha), and advice about diet and lifestyle.

Statement of Ethics

- a) Lisa Ledbetter, L.Ac. Dipl.Ac. complies with all rules and regulations specified by the Colorado Department of Health. She follows clean needle technique, using sterilized disposable needles, and follows state guidelines for sanitation and sterilization within the treatment room.
- b) Patients are entitled to receive information about the methods, techniques, and duration of treatment offered. Patients may also seek a second opinion from another health care professional or may terminate treatment at any time.
- c) In a profession relationship, sexual intimacy is never appropriate and should be reported to the Director of the Division of Registrations in the Department of Regulatory Agencies (DORA).
- d) Acupuncture is regulated by DORA. Any complaints should be directed to:
 Department of Regulatory Agencies
 Office of Acupuncturists Registration
 1560 Broadway, Suite 680 Denver, Co 80202
 (303) 894-2464

Fees

First visit regularly **\$125**, new patient special as of 12/18 **\$75**
Follow up visit(s) **\$70**
Children (under 12) **\$60** first visit, **\$40** follow up visit(s)
Pre-payment of 5 or more treatments **Save 10%**

**Chinese Herbal Medicines priced separately*

Payment Policy

Payment for services rendered is expected at the end of each visit. Acceptable forms of payment are cash, personal check or Visa / MasterCard. There will be a \$25 charge for returned checks. Insurance can be billed on a case by case basis for auto accidents or group health benefits with a doctor's referral.

Cancellation / No Show Policy

Your appointment time has been reserved specially for you. Failure to show up for your appointment robs others the opportunity to receive needed treatment. If you wish to cancel your appointment, we request 24 hours notice to allow other patients to schedule if necessary. If you fail to arrive to your appointment and do not notify us, we will add \$25 to your next appointment. We regret that patients who repeatedly cancel or fail to show up for appointments will be referred elsewhere for treatment.

I have read and understand the above information.

Signature _____
Date

HIPAA Privacy Policies and Injection/Intradermal Therapy Consent

Please visit the **Forms section** of the <http://naturalhealthacupuncture.com> website to read the HIPAA Privacy Policies and Informed Consent Injection/Intradermals Therapy consent forms. After reading, please sign below to acknowledge that you have read and understand the forms.

HIPAA Privacy Policies

Acknowledgement:

I acknowledge that I have read a copy of the HIPAA Notice of Privacy Practices that is posted to the website.

Print Patient name or Personal Representative

Patient or Personal Representative Signature _____
Date

If Personal Representative's Signature appears above, please describe Personal Representative's relation to patient:

Informed Consent Injection/Intradermals Therapy

I, _____, hereby request and consent to injection therapy on my body, in order to enhance the effect of stimulating an acupuncture point. I understand that I will only be injected with substances that fall within the scope of practice of Licensed Acupuncturists in Colorado. I understand the risks involved. I do not expect my practitioner to be able to anticipate all risks and complications. I have read and understand the Informed Consent Injection/Intradermals Therapy form located on the website. By signing below, I agree to accept all risks and release all liabilities from Lisa Ledbetter L.Ac.

Patient's Signature _____ **Relationship** _____ **Date** _____
(or representative)