

SAAT Intake

Name _____ Date of Birth _____

Address _____ City/State/Zip _____

Email: _____ Can I email you? Y / N

How did you hear about me? _____ Age _____ M/F

Home phone _____ Cell phone _____

Emergency contact/phone# _____

Pregnant? _____ On Blood Thinners? _____ Allergic to Latex? _____ Allergic to metals? _____
Allergic to alcohol? _____

Stress Level 0-10 _____ History of heart issues? _____ Do you have a pacemaker? _____

Implants? _____ Any Piercings (other than ears)? If so, where? _____

Do you have: Cancer? _____ Hepatitis A,B,or C? _____ HIV? _____ Other? _____

List accidents, surgeries, major illnesses _____

Medications/Supplements/Herbs _____

Do you exercise? _____ Do you use saunas? _____

Eat/drink dairy? _____ Eat Gluten? _____ Eat meat? _____

Have you ever had acupuncture? _____

CHIEF COMPLAINTS HOW LONG HAVE YOU HAD THIS INTENSITY 0-10

1. _____ / _____ / _____

2. _____ / _____ / _____

3. _____ / _____ / _____

KNOWN OR SUSPECTED ALLERGIES/SEVERITY/TESTS?

1. _____ / _____ / _____

2. _____ / _____ / _____

3. _____ / _____ / _____

4. _____ / _____ / _____

Medical Disclaimer and Patient Acknowledgment

The services provided by Old Growth Acupuncture LLC, including acupuncture, Chinese medicine, and Soliman Auricular Allergy Treatment (SAAT), are complementary health services intended to support overall wellness. These services are not a substitute for medical care from a licensed physician. I am not a medical doctor, and no diagnosis, treatment, or cure for medical conditions is being offered or implied.

A "Doctor of Acupuncture and Chinese Medicine" (DACM) is not equivalent to a Medical Doctor (MD). My treatments are considered complementary and should be used alongside, not in place of, care provided by your healthcare provider.

Old Growth Acupuncture LLC does not recommend ingestion, contact with, or reintroduction of any substance(s) known to cause allergic reactions. We do not claim to diagnose, treat, or cure any allergy, Alpha-gal syndrome, or other medical condition, nor do we supervise or encourage reintroduction of allergenic foods. SAAT is considered an immune support therapy. To date, there is no recognized cure for Alpha-gal or other allergies according to conventional western medicine.

I have read and understand the above disclaimer. I acknowledge that services provided by Old Growth Acupuncture LLC, including acupuncture, Chinese medicine, and Soliman Auricular Allergy Treatment (SAAT), are complementary in nature and not a substitute for medical care. I understand that Old Growth Acupuncture LLC does not claim to diagnose, treat, or cure any allergy, Alpha-gal, or other medical condition, and no outcome has been guaranteed or promised.

I further understand that Old Growth Acupuncture LLC does not recommend, urge, or supervise reintroduction of foods or substances known to cause allergic reactions, and that there is currently no recognized cure for Alpha-gal or other allergies according to conventional western medicine.

I agree that I will continue to consult my licensed medical provider for medical advice, diagnosis, or treatment.

Signature _____ Date _____

SAAT Appointment Cancellation & Missed Appointment Policy

SAAT appointments and SAAT re-evaluations are reserved specifically for you and require extended preparation and scheduling. Because of this, these appointment times are *impossible* to refill on short notice.

A minimum of 48 hours' notice is needed to cancel or reschedule any SAAT appointment or re-evaluation.

I completely understand that unexpected things happen. In order to keep scheduling fair and consistent for all patients, the following policy applies:

- Missed SAAT re-evaluation appointments will be charged the full fee of \$85
- Missed SAAT follow-up appointments will be charged \$150.

If an appointment is missed or canceled with less than 48 hours' notice, an invoice will be sent via Square and is expected to be paid. Or, I may ask that we put your card on file for simplicity here.

Late Arrivals

If you arrive 15 minutes or more after your scheduled appointment time, I may not be able to see you that day, as SAAT appointments require the full scheduled time to be completed properly.

Late arrivals may be considered a missed appointment and charged accordingly.

Thank you for understanding that your scheduled appointment time is a commitment we are making together. I appreciate your respect for this time and for the care I provide.

Patient Acknowledgment

I, _____ (please print name),
have read and understand the SAAT Appointment Cancellation & Missed Appointment Policy and agree to the terms above.

Signature: _____

Date: _____