# NYINDA CLINIC ཉི་ན་སྨན་ཁང་ Tibetan Medicine & Holistic Healing Intake Form~ Consults & Kunye Therapeutics

*Medical History is confidential, though may be shared with primary care physician or specialist with permission*

**Name** ____________________________________________________**Today's Date**___________

**Address**________________________________________________________________________

**City** _____________________________________________ **State** ________ **Zip** _____________

**Date of Birth** ___________ **Age** _____ **e-mail** ________________________________________

**Preferred pronouns** ____________________ *Are these different than those assigned at birth? _____

**Home Phone**_____________________________**Cell Phone** ______________________________

***Primary Care Physician Name and Phone*:** ______________________________________________

***Referred by*:** __________________________________________________________________

For Kunye Tibetan Massage - what level of pressure do you prefer?
*Light *Medium *Deep

Do you have an allergies or sensitivity to oils or scents?

Are there limitations to your movements, muscle injury or any issues that I should be aware of before you receive bodywork?

Major Complaint: What is your primary reason/s for coming in?

Are there times, seasons or things which aggravate your symptoms?

Are there things which help your symptoms?

Over →

**Personal History:**

Please check all conditions you currently have or have had in the past: ***C for current P for Past***

- [ ] ADD / ADHD
- [ ] AIDS/ HIV
- [ ] Allergies
- [ ] Alcoholism
- [ ] Anemia
- [ ] Antibiotic Use
- [ ] Asthma
- [ ] Anxiety
- [ ] Autoimmune
- [ ] Bleeding Easily
- [ ] Bruising Easily
- [ ] Cancers
- [ ] Crohn's disease
- [ ] Celiacs Disease
- [ ] Chicken Pox
- [ ] Cognitive Focus Difficulty
- [ ] Connective Tissue Disorders
- [ ] Cholesterol Issues
- [ ] Diabetes
- [ ] Disordered Eating
- [ ] Depression
- [ ] Epilepsy
- [ ] Gender Transition / Transgender
- [ ] Glaucoma
- [ ] Heart Disease
- [ ] Hepatitis
- [ ] Herpes
- [ ] High Blood Pressure
- [ ] Hot Flashes
- [ ] IBS / IBD
- [ ] Kidney Disease
- [ ] Liver Disease
- [ ] Menstrual Irregularity
- [ ] Mental Illness
- [ ] Multiple Sclerosis
- [ ] Night Sweats
- [ ] Neurological Disorder
- [ ] Pertussis / Whooping Cough
- [ ] Pneumonia
- [ ] Psoriasis / Eczema
- [ ] Obesity
- [ ] Rheumatic Fever
- [ ] Scoliosis
- [ ] Seizures
- [ ] Sinusitis
- [ ] Sleep Issues
- [ ] Stroke
- [ ] Stools - Constipation / Loose
- [ ] Thyroid
- [ ] Vascular Disease / Circulation Issues
- [ ] Vitamin / Mineral Deficiency

Other________________________________

Over →

**Family History:**

Please check all that apply and who: ***F**-father, **M**-mother, **PG**- or **MG**-p/m-grandparent, **S**-sibling, **C**-child*

- ☐ ADD / ADHD
- ☐ AIDS/ HIV
- ☐ Allergies
- ☐ Alcoholism
- ☐ Anemia
- ☐ Antibiotic Use
- ☐ Asthma
- ☐ Anxiety
- ☐ Autoimmune
- ☐ Bleeding Easily
- ☐ Bruising Easily
- ☐ Cancers
- ☐ Crohn's disease
- ☐ Celiacs Disease
- ☐ Chicken Pox
- ☐ Cognitive Focus Difficulty
- ☐ Connective Tissue Disorders
- ☐ High Cholesterol
- ☐ Diabetes
- ☐ Disordered Eating
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- ☐ Epilepsy
- ☐ Glaucoma
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- ☐ Rheumatic Fever
- ☐ Scoliosis
- ☐ Seizures
- ☐ Sinusitis
- ☐ Sleep Issues
- ☐ Stroke
- ☐ Stools - Constipation / Loose
- ☐ Thyroid
- ☐ Vascular Disease / Circulation Issues
- ☐ Vitamin / Mineral Deficiency

Other ________________________________

Over →

**Current Medications & Supplements: (Please list *<u>or attach list</u>* all you are taking)**

**List any surgeries, serious illness, broken bones, injuries, hospitalizations etc.**

**Allergies: Are you allergic or hypersensitive to any:**

Drugs:______________________________________________________________________

Foods:______________________________________________________________________

Other:______________________________________________________________________

**Are there any Lab / medical tests that your GP or specialist is tracking regularly?**
*Cholesterol, Hepatitis, IGG, Mammography, Pap, PSA, Stool?*

Over →

## Nyinda Clinic: Tibetan Medicine & Holistic Healing Policies

**We request a 36 hrs advance notice for cancellations of appointments or you are held responsible for full payment.** MONDAY appointments require cancelation by 4pm the FRIDAY before. These policies exist in order to accommodate the waitlist. *Snow / severe weather late cancellation fees for under 36 hrs is up to the discretion of the practitioner. Please plan ahead for winter weather! We can be flexible, but if we come and you don't' without proper notice, you'll be charged full or half fees*.

All payments are due when services are rendered. We accept check, cash and travelers checks. WE DO NOT HAVE ELECTRONIC TRANSFER APPS. (Venmo, PayPal etc.) We try to not take cards as small business owners due to the accompanying fees. *We can take a card in rare circumstances, but the card use fee is added to your total bill*. If financial hardships exist, please discuss this before your appointment. **Student discounts applies only to full-time students,** currently enrolled.

Payments past 30 days past the invoice date will be billed a $20 late fee, a new $20 fee will be added each additional 30 days. Returned checks will have a $30 fee for processing and bank charges.

Should quick questions by phone, or email be needed; brief, infrequent emails are accepted. Phone / email consults are generally not in our practice, and are reserved for follow ups with established out of town clients only. Please save a list of non-urgent questions between visits and we will discuss at your recheck. Phone consults are charged in 15 min increments for our hourly rate. Research requests or multiple inquiries are also charged in quarter hour sections for the time it takes. **WE DO NOT HAVE TEXTING**.

We are unavailable for frequent or detailed phone calls or emails. Lengthy questions by phone or email will require consultation appointments. We bill according to a quarter hour system for extensive out of office contact, based on the practitioner's discretion.

We do our best to offer appointments at the earliest opportunity, but cannot guarantee to get you in immediately. *If you have a medical emergency call your licensed medical care provider*. Please plan ahead when making follow up appointments or if you are traveling from far.

Separate appointments are made for Kunye Massage or any External Therapies. Diagnostic consults with pulse / urine and not offered together unless the practitioner requests you bring your urine during an external treatment appointment. We are unavailable to check pulse and urine without an additional clinical consult appointment and associated fees for those services when coming for scheduled external treatments; both due to time constraints and in fairness to those who pay for diagnostic appointments.

We respectfully ask you to be on time. If late, we are likely unable to give you your full appointment. If you have questions regarding your next appointment or other issues; please cover this within your allotted time. Otherwise we may ask you to make an additional phone appointment or email for a reschedule. If we're running behind, please have patience. We will absolutely do our best to make that time up to you.

Long term refills of Tibetan supplements require a re-check either by a diploma recognized *Menpa* TMD or practitioner deemed qualified to assess you according to the Tibetan System. **Refills are given only 3 times, seasonally or for 6 month maximum before a consult is required.**

***These policies are briefly outlined in both the Preparations Form and Informed Consent.***
***By signing this policy form at the initial consult or massage, you agree to the clinic's policies and procedures regarding appointments, scheduling, phone calls, cancelations and payments.***

Signature ________________________________________ Date__________________

Over →

## Informed Consent: Tibetan Medicine Consults, Kunye Therapeutics, Jin Shin & Acupressure

I, (*PRINT NAME)*__________________________________________ hereby state that it is my choice freely given for using traditional Tibetan Medicine methods. I have had the opportunity to ask any questions about the history of the Tibetan Medical tradition, its modes of traditional treatment, and my practitioners qualifications prior to the commencement of any consultation.

I have been informed that Tibetan Medicine is not recognized, nor licensed in the USA. Its treatments are considered alternative and are *not a replacement for traditional qualified licensed medical care or care of a licensed psychologist*. I agree that the practitioner of Tibetan Medicine, or *Menpa* TMD, though recognized in other countries as a doctor is NOT recognized as such in the USA and *therefore cannot legally diagnose, prevent, prescribe, treat or cure any diseases.*

I understand that the traditional Tibetan Medical System employs asking questions about ones diet, lifestyle and emotional state. The practitioner may suggest dietary and lifestyle changes. Traditional dietary supplements may be suggested, though are not required to assist diet and lifestyle changes. These are made in the traditional manner and may not be recognized by the FDA. I also have been informed that the traditional Tibetan Medical System can include massage, moxibustion, compress therapy, acupuncture and the draining of bad blood or tissue techniques. If any such external therapies should be suggested, I understand I have the choice to accept such methods, or decline them prior to commencement of such modalities.

I have been informed that my Tibetan Medical practitioner may request release forms in order to obtain necessary medical histories or test results from my primary care physician or specialist. I understand I have the right to decline all such requests, but that my practitioner prefers open dialogue with other health providers. It has been explained my practitioner will take any calls from my licensed medical doctor, or therapists I am working with if they request or require information on methods employed in traditional Tibetan Medicine as they pertain to my case. Any requests which require lengthly time or translations will come with costs billed in quarter hour segments, with such costs incurred by myself. I understand my practitioner isn't available for detailed phone or emails. **I have been informed they DO NOT receive text messages**. I agree I will be billed for frequent out of office contact as further outlined in the clinic policies.

I agree information from consultations documented will be kept by the clinic; with understanding that they are private, just as is practiced under basic HIPPA medical confidentiality. The Nyinda Clinic will not be responsible to bill or produce copies of care etc for insurance claims, car or work accident claims etc, or requests for records other than licensed medical practicers or *Menpa*. I agree that if any part of my consultations, history etc is published for research, presentation, or as a case study, that ALL identifying personal information will be left out.

I agree to take full responsibility for my choice of consulting the Nyinda Clinic Tibetan medicine practitioners, having fully read the above statements and having been given an opportunity to ask any questions and have had them answered to my satisfaction.

*I understand and agree to the policies of giving 36 hrs advance notice for cancellation of any appointments* MONDAY appointments require cancelation by 4pm the FRIDAY before *or I am held responsible for payments and* ***that payment is due when services are rendered.***

**Signed ______________________________________________ Date_____________**

Parent if under 18 yrs of age - Print and Sign Name

______________________________________________

**Witnessed by ________________________________________ Date_____________**

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