PACIFIC COLLEGE *of* HEALTH AND SCIENCE

Our Mission

We, the Pacific College of Health and Science Clinic, a nationally recognized education facility, provide:
- Exemplary clinical training for our students,
- Personalized Chinese medicine treatments for our patients, and
- Supportive services for our staff

so that each experiences a high degree of satisfaction.
This is a CONFIDENTIAL questionnaire to help us determine the best treatment plan for you. Please write clearly. If you have questions, please ask our clinic staff. Thank you.

PERSONAL INFORMATION

Full Name_____ Date_____

Home Address_____

City_____State_____ Zip_____

Home/Cell Phone_____ Email_____

Occupation_____ Person responsible for your account_____

Emergency Contact Name_____ Phone_____

How you heard us: ☐ PCHS Student ☐ PCHS Patient ☐ Family Member ☐ Acupuncturist
☐ Physician ☐ Other PCHS Clinic ☐ Other_____

Sex: ☐ M ☐F ☐ Other_____ Gender: _____
Height: _____ Weight: _____

Birth Date_____/_____/_____ Age:_____

Martial Status: ☐Married ☐Single ☐Divorced ☐Widowed ☐Partnered Number of Children_____

Previous Acupuncture? ☐ Yes ☐No If yes, when? _____ With whom? _____

Physician History

Have you seen a physician in the last year? ☐Yes ☐No If yes, approx. date of recent visit _____

Please indicate any significant illness you or blood relative (grandparents, parent, or sibling) have had:

Illness	You	Relative	When?	**Illness**	You	Relative	When?
Cancer	☐	☐	_____	Diabetes	☐	☐	_____
Hepatitis	☐	☐	_____	Heart Disease	☐	☐	_____
High Blood pressure	☐	☐	_____	Seizures	☐	☐	_____
Rheumatic Fever	☐	☐	_____	Emotional Disorder	☐	☐	_____
Covid-19	☐	☐	_____	Tuberculosis	☐	☐	_____

Please indicate the use and frequency of the following:

	Yes	No	Amount		Yes	No	Amount		Yes	No	Amount
Coffee/Black tea:	☐	☐	_____	Tobacco:	☐	☐	_____	Water:	☐	☐	_____
Recreational drugs:	☐	☐	_____	Alcohol:	☐	☐	_____	Soda Pop:	☐	☐	_____

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Please Check the Box if any of the following statements are true:

I have known allergies: ☐ Yes ☐No

I am taking Coumadin/warfarin/Plavix: ☐Yes ☐No

I have a pacemaker: ☐ Yes ☐No

I am taking lithium (Eskalith, Lithobid, Lithonate, Lithotabs) ☐Yes ☐No

List of Medications:
(Please list any prescription or OTC medication or supplements and herbs you are currently taking.)

Rx/Supplement/Herb	Dosage	Reason for taking the item	How long?	Prescribed by	Date last check-up?

Patient Last Name, First Name _____

Chicago Campus: 65 East Wacker Place, Suite 2100• Chicago, IL 60601• (773) 477-1900

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What are the main health problems for which you are seeking treatment?

_____

_____

_____

What other form of treatment have you sought?

_____

_____

_____

List any other health problems you now have.

_____

_____

_____

_____

List and allergies, food sensitivities, or food craving that you have.

_____

_____

_____

_____

List any accidents, surgeries, or hospitalization (include date).

_____

_____

_____

_____

Lab Results (please include copies).

_____

_____

_____

_____

How do you FEEL about following areas of your life?

Please check the appropriate boxes and indicate any problems you may be experiencing.

	Great	Good	Fair	Poor	Bad	Your comments
Significant other	☐	☐	☐	☐	☐	_____
Family	☐	☐	☐	☐	☐	_____
Diet	☐	☐	☐	☐	☐	_____
Sex	☐	☐	☐	☐	☐	_____
Self	☐	☐	☐	☐	☐	_____
Work	☐	☐	☐	☐	☐	_____
Exercise	☐	☐	☐	☐	☐	_____
Spirituality	☐	☐	☐	☐	☐	_____

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FOR WOMEN

Age of 1st period (menarche) _____ Are you Pregnant? ☐ Yes ☐No # of Pregnancies_____
Age of last period (menopause) _____ # of live births_____ # of Abortions_____ # of Miscarriages_____
Number of days between period _____ Date of last Gynecological exam_____ Pap Smear_____
Number of days of flow _____ Mammogram_____ Bone Density Scan_____
Color of flow _____ Results_____
Clots? ☐ Yes ☐No Color of Clot_____ _____
Average number of pads you use per day: 1st day_____ 2nd day_____ 3rd day_____ 4th day_____ +days_____
Have you been diagnosed with: ☐Fibrocystic Breast ☐Endometriosis ☐Ovarian cysts ☐PID ☐Other_____
Location of Pain: ☐lower abdomen ☐Lower back ☐Thighs ☐Other_____
Nature of Pain (please indicate before, during or after menses)

Cramping _____ Stabbing/sharp _____
Burning_____ Aching _____
Dull _____ Bloating _____
Consistence _____ Intermittent _____
Bearing down sensation _____

Other symptoms related to menses

☐Discharges ☐ Vaginal Dryness ☐Headaches
☐Nausea ☐Constipation ☐Diarrhea
☐Swollen Breasts ☐Mood swings ☐Ravenous Appetite
☐Poor Appetite ☐ Hot flashes ☐Night Sweats
☐increased libido ☐decreased libido ☐Insomnia

FOR MEN

Date of last prostate check up_____ PSA results_____ Manual Prostate Exam Results_____
Lab results _____
Frequency of urination: Daytime_____ nighttime_____ color of urine: ☐clear ☐murky Odor:_____
Symptoms related to Prostate:

☐Prostate Problems ☐Delayed Stream ☐ Premature ejaculation ☐Incontinence ☐Retention of Urine
☐Rectal Dysfunction ☐Increased Libido ☐Decreased Libido ☐Dribbling ☐Impotence
☐Back Pain ☐Groin Pain ☐Testicular pain ☐Other:_____

SYMPTOM SURVEY (FOR EVERYONE)

The following is a list of symptoms that you may or may not ever experience. Please indicate as follows:
No mark ( ) = never experience. Check mark (✓) = sometimes experience. Plus sign (+) = frequently experience

_____ lack of appetite
_____ excessive appetite
_____ loose stool or diarrhea
_____ digestive problems, Indigestion
_____ vomiting
_____ belching, burping
_____ heartburn/ reflux
_____ feeling the retention of food in the stomach
_____ tendency to become obsessive in work, relationship….
_____ nightmares
_____ insomnia, difficult sleeping
_____ heart palpations
_____ cold hands and feet
_____ mentally restless
_____ laughing for no reason
_____ angina pains
_____ abdominal pain
_____ chest pain
_____ sciatic pain
_____ headaches
_____ pain or coldness in the genital region
_____ cough
_____ shortness of beath
_____ decreased sense of smell
_____ nasal discharge
_____ skin problem
_____ feeling of claustrophobia
_____ bronchitis
_____ Colitis of diverticulitis
_____ constipation
_____ hemorrhoids
_____ recent use of antibiotic
_____ eye problem
_____ gall stones
_____ difficult digesting oily food
_____ jaundice (yellowish eyes or skin)
_____ light colored stool
_____ soft or brittle nails
_____ easily angered or agitated
_____ difficulty in making decisions
_____ spasms or twitching of muscles
_____ low back pain
_____ knee problems
_____ hearing impairment
_____ ear ringing
_____ kidney stones
_____ Decreased sex drive
_____ hair loss
_____ urinary problems
_____ fatigue
_____ edema
_____ blood in stool
_____ black tarry stool
_____easily bruised
_____ difficult to stop Bleeding
_____ asthma
_____ tendency to catch cold easily
_____ intolerance to weather change
_____ allergies
_____ hay fever
_____ dizziness
_____ tendency to faint easily
_____ high cholesterol
_____ sudden weight loss

PACIFIC COLLEGE *of* HEALTH AND SCIENCE

****PLEASE READ THIS IMPORTANT INFORMATION BEFORE SIGNING****

Pacific College of Health and Science Clinic Policy

Pacific College operates for two vital purposes: to provide our students with valuable, varied practical clinical experience, and to provide our patients with high-quality, reasonably priced acupuncture treatments and East Asian therapies. Working together, we are creating an environment of learning and healing.

To best serve both students and patients, we ask that patients contact us at least 24 hours in advance if they need to cancel an appointment.

Beginning on Jan 1, 2024, all patients will receive two late cancellations annually without a penalty fee. Following two late cancellations, patients will be charged the full price of the treatment.

Patients who accumulate multiple cancellations and or/no-shows may be asked to schedule only same day appointments.

Repeated late cancellations may cause the need to cancel future appointments.

As best we can, we accommodate late arrivals up to 15 minutes late, however, may only be able to offer a consultation and/or shortened treatment. Arrival later than 15 minutes may constitute the need to reschedule.

Patients are requested to arrive hygienic, and not wear heavy perfume or aromas that may cause adverse reactions in others.

Blood pressure will be taken at every appointment. Patients with uncontrolled high blood pressure may be required to obtain written permission from a physician before they can receive treatment in the PCHS clinic.

Herbs may be suggested for patients as a treatment strategy. The cost of herbs is not included in the appointment fee, and herbs usually will cost between $15 - $40 per week. We cannot accept returns for herbs or products sold, including customized herbal formulas, opened patent or topical herbs.

At times, calls may be routed to voicemail. We return calls as quickly as possible, in the order they were received.

We appreciate our patients' generosity; however, our interns are unable to accept gratuities or gifts.

Thank you,

Pacific College of Health and Science Clinic

Patient name **Date**

PACIFIC COLLEGE *of* HEALTH AND SCIENCE

NOTICE OF PRIVACY PRACTICE

My signature below indicates that a written copy of the institute's Notice of Privacy Practices was provided to me. I have also been informed that if I require additional information about this notice, I may call the Privacy Office.

Patient Name: _____

Patient Signature: _____ Date: _____

Parent or Guardian Signature (if patient under 18):_____

NOTICE OF PRIVACY PRACTICE

THIS NOTICE CONTAINS IMPORTANT INFORMATION ABOUT PACIFIC COLLEGE CLINIC PRIVACY PRACTICES. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. *What is this notice?*

To run its program, the Pacific College of Health and Science (PCHS) must collect, maintain, and use non-public personal information on patients it provides services to. We consider this information private and confidential and have policies and procedures in place to protect the information against unlawful use and disclosure. This notice describes what types of information we collect, explains when and whom we may disclose it, and provides you with additional important information as to our legal duties and privacy practices. It also describes your rights to access and control your non-public personal information (NPI).

PCHS is required to abide by the terms of this notice. However, we may modify the terms of this notice at any time, and the new notice will be effective for all NPI in our possession at the time of the change, and any created or received thereafter.

Information PCHS collects, uses and maintains on you is protected by Federal and state laws: the Health Insurance Portability and Accountability Act (HIPAA) and California State Public Health Law. PCHS does not disclose NPI to anyone, except with your authorization or otherwise permitted by law.

If you believe your privacy rights under the Health Insurance Portability and Accountability Act (HIPAA) have been violated you can submit a written complaint to the PCHS Privacy Office at the address below. You may also complain to the Secretary for Health and Human Services if you believe your privacy rights have been violated. There will be no retaliation for filing a complaint.

2. *What is "non-public personal information" (NPI)?*

Non-public personal information (NPI) is information that identifies you as an individual and relates to your participation in treatment, your physical or mental health/condition, the provision of treatment or healthcare to you or payment to the PCHS for the provision of services provided to you.

3. *How does PCHS protect NPI?*

At PCHS, we restrict access to NPI to members of our workforce (staff and trainees) who need to provide care or services to you or are directly engaged in important agency operations. We maintain physical and procedural safeguards to protect your information against unauthorized access and use. We also have established a Privacy Office that has overall responsibility for developing, educating our workforce about and overseeing the implementation and enforcement policies and procedures to safeguard your health information against inappropriate access, use and disclosure, consistent with applicable law.

4. *How does PCHS use non-public personal information (NPI) and for what purposes?*

Here are some examples of what we do with the information we collect and the reasons it might be used:

Treatment: We may use information about you to provide medical treatment and services to you. We may use and share NPI with our staff and trainees who are involved in providing care to you. For example, information obtained by our staff and trainees will be recorded and used to determine your course of treatment.

Payment: We may use and disclose NPI so that treatment and services you receive may be billed to and payment collected from you or a third party. For example, we may complete and submit your healthcare plan or insurance

company a description of treatment provided to you. We also may use and disclose your NPI to obtain from other third parties that may be responsible for the costs, such as family members.

Health Care Operations: We may also use and disclose NPI to perform health care operations. This is necessary to make sure that all our patients receive quality care. For example, we may use NPI to review our treatment and services and to evaluate the performance of our staff and trainees. We may also use and share NPI with the institute's trainees and other faculty for review and learning purposes.

5. *What uses and disclosures do not require authorization?*

We may use and disclose NPI without your authorization for the following purposes:

Business Associates: We may contract with outside individuals and organizations that perform business services for us, such as billing, management consultants, accreditation organizations, quality assurance reviewers, accountants, or attorneys. In certain circumstances, we may need to share your information to a business associate to the amount of information that is the minimum necessary for the business associate to perform services for us. In addition, we will have a written contract in place with the business associate requiring it to protect the privacy of your information.

As Required by Law: We will disclose NPI when required to do so by federal, state, or local law.

Public Health Activities/Risks: We may disclose NPI to public health authorities that are authorized by law to collect information for the purpose of:

- Reporting child abuse or neglect
- Preventing or controlling disease, injury, or disability
- Notifying a person regarding potential exposure to a communicable disease
- Notifying a person regarding the potential risk for spreading or contracting a disease or condition
- Reporting reactions to drugs or problems with products or devices
- Notifying individuals if a product or device we may be using has been recalled
- Notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence)
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance

Health Care Oversight Activities: We may disclose NPI to a health oversight agency for activities authorized by law. Oversight activities can include investigations, inspections, audits, surveys, licensure, and disciplinary actions; civil administrative and criminal procedures or actions; or other activities necessary for the government to monitor compliance with civil rights laws and the health care system in general

Lawsuits and Disputes: We may use and disclose NPI in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We also may disclose your NPI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain a court order protecting the information the party has requested.

Law Enforcement: We may disclose NPI if asked to do so by a law enforcement official as part of law enforcement activities; in investigations of criminal conduct at PCHS or of victims of crime; in emergency situations to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator); or when required by law to do so.

Serious Threats to Health or Safety: We may use and disclose your NPI when necessary to reduce or prevent a serious threat to your health and safety or health and safety of another individual in the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

Military: We may use and disclose NPI if you are a member of the United States or foreign military forces (including veterans) and if required by the appropriate military command authorities.

Protective Services for the President, National Security, and Intelligence Activities: We may use and disclose NPI to federal officials for intelligence and national security activities authorized by law. We also may disclose your NPI to federal officials to protect the President, other officials, or foreign heads of state, or to conduct investigations.

Worker's Compensations: We may release NPI for worker's compensation or similar programs.

6. *What uses and disclosures of NPI require your authorization?*

Individuals Involved in Your Care or Payment for Your Care: We may release NPI to a friend or family member identified by you, that is helping you pay for your treatment or who assists in taking care of you.

7. *What are your rights governing the information that PCHS collects, uses, and maintains on you?*

The Right to Inspect and Copy: You have the right to inspect and obtain a copy of your NPI that we maintain and have in our possession, including treatment records and billing records. If you request copies, we will charge you a fee for the costs of copying, mailing, labor, and supplies associated with your request. To inspect and copy your NPI, you must submit your request in writing to the address below.

Under certain circumstances we may deny your request to inspect and copy your NPI. If you are denied access to this information, you have the right to have that determination reviewed. A licensed health care professional chosen by PCHS will review your request and the denial. The person conducting the review will not be the person who denied your request. PCHS promises to comply with the outcome of review.

The Right to Amend or Correct NPI: If you feel that any NPI we have about you is not correct or incomplete, you may ask us to correct or amend that information. You have the right to request an amendment for as long as the information is kept (three years) by us. To request an amendment, your request must be made in writing to the address below. Additionally, you must provide a reason that supports your request.

PCHS reserves the right to deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us
- Is not part of the medical information kept by us
- Is not part of the information which you would be permitted to inspect and copy
- Is accurate and complete

The Right to an Accounting of Disclosures: An accounting of disclosures is a list of the disclosures we have may, if any, of your NPI.

You have the right to request an accounting of disclosures made by us. This right applies to disclosures for purposes other than those made to carry out treatment, payment and health care operations as described in this notice. It also excludes communications of NPI made to you or disclosures authorized by you.

Your request must be made in writing and state a time-period that cannot be longer than six (6) years and cannot include dates before June 9, 2020. We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

NOTICE OF PRIVACY PRACTICE

The Right to Receive Communications of NPI by Alternative Means or Alternative Locations: You have the right to request that we communicate with you about your treatment and related issues in a particular manner or at a certain location. For example, you may ask that we contact you at work rather than at home. We will accommodate all reasonable requests made in writing.

The Right to Request Restrictions: You have the right to request a restriction or limitation on the NPI we use or disclose about you for treatment, payment or health care operations as described in this notice. You also have the right to request a limit on the treatment information we disclose about you to someone who is involved in your care or the payment for your care (like a family member or friend).

PCHS is not required to agree to your request, however, if we do agree, we will comply with your request until we receive notice from you that you no longer want the restriction to apply.

Any request for a restriction on our use and disclosure of your NPI must be made in writing to the address below. Your request must describe in a clear and concise manner: (a) the information you wish restricted; (b) whether you are requesting to limit our use, disclosure or both; and (c) to whom you want the limits to apply.

The Right to Provide an Authorization for Other Uses and Disclosures: We will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your NPI may be revoked at any time in writing to the address below. After you revoke your authorization, we will no longer use or disclose your NPI for the purposes described in the authorization, except under the following circumstance:

- We have acted in reliance upon your authorization before we received your written revocation

The Right to Obtain a Paper Copy of This Notice: You have the right to obtain a paper copy of this notice of privacy practices at any time.