



Rosenthal Acupuncture  
1005 Washington Blvd  
Robbinsville, NJ 08691  
p 609.426.1700  
f 609.426.0099

Patient: \_\_\_\_\_

## Patient Profile

### Personal Information

Full Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street Apt/Unit  
City State Zip

Phone: \_\_\_\_\_  
Home Cell

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: Male / Female

Email : \_\_\_\_\_

You will receive appointment reminders, updates, and occasional health related information

Marital Status: Married / Single / Widowed / Divorced

Health Insurance: Yes / No

Responsible Party: You / Other \_\_\_\_\_

## INFORMED CONSENT FOR ACUPUNCTURE TREATMENT AND CARE

**Consent.** I, \_\_\_\_\_  
hereby authorize Steve Rosenthal, a Licensed Acupuncturist, and/or other licensed acupuncturist who now or in the future treats me while employed by, working or associated with or serving as a back-up for the treating acupuncturist named below, including those working at this office or clinic to perform treatment according to sections N.J.A.C. 13:35-9.1 – 13:35-9.17. This authority shall extend to remedying any unforeseen conditions or reactions to treatment procedures.

**Possible Side Effects.** Acupuncture attempts to normalize physiological functions, to modify the perception of pain, and to treat certain diseases or dysfunctions of the body. I have been informed that acupuncture is a safe method of treatment, but occasionally there may be some bruising or tingling near the needling sites that last a few days. There have been very rare instances reported of fainting, infection and scarring. There have been extremely rare instances reported of spontaneous miscarriage and pneumothorax. There may be some bruising after cupping.

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. I understand that some herbs may be inappropriate during pregnancy. If I experience any gastrointestinal upset or allergic reactions to the herbs, I will inform the acupuncturist.

**Treatment Outcomes.** I understand that no promises or guarantees can be made regarding the outcome of treatment and that reasonable efforts will be made to give me information so that I might make educated decisions regarding the duration and appropriateness of continued care. I understand that I may stop treatment at any time.

**Western Biomedical Diagnosis.** I understand that it is not within the scope of practice for acupuncturists to offer Western medical (biomedical) diagnosis and that it is my responsibility to seek such diagnosis elsewhere.

I **do / do not** (*circle one*) have a pacemaker or bleeding disorder.

\*\*\*\*\*

\_\_\_\_\_  
Patient (or Guardian) Signature

\_\_\_\_\_  
Date



Dr. David J. Swanekamp, Washington Wellness Center,  
Frank Mocerri & Steve Rosenthal/Rosenthal Acupuncture  
1005 Washington Blvd.  
Robbinsville, New Jersey 08691

FINANCIAL POLICY

1. All services rendered to you at this office are charged directly to you and you are personally responsible for all payments regardless of whether or not we directly bill your insurance.
2. Co-payments are due at the time of service. All insurance assignment patients must pay their deductible in full and their co-payments at the time of service. Once we have billed your insurance company, we will bill you for any balance remaining.
3. We are unable to bill your secondary insurance for you. If you would like a receipt for secondary insurance, we will be happy to provide you with one.
4. If it turns out that your injury is work-related and you have not notified us at the beginning of care, your balance is payable to this office immediately.
5. If your injury is due to a motor vehicle accident, **BEFORE YOU COMMENCE CARE**, a lien must be signed by you and your attorney in triplicate. Also, you are responsible for your PIP deductible and co-pays, as per New Jersey PIP Laws.
6. **INSURANCE AUTHORIZATION & ASSIGNMENT ORDER:** I hereby authorize and assign payment directly to Dr. Swanekamp, Washington Wellness Center, Frank R. Mocerri, or Steve Rosenthal/Rosenthal Acupuncture benefits due to me out of indemnity under the terms of my policy issued by my company. Payment is authorized and assigned upon your receipt of his itemized statement for services rendered to me. This policy was in full force and effect at the time services were rendered. Payment of this amount as herein directed in whole or part, shall be considered the same as if paid by your company, directly to Dr. Swanekamp, Washington Wellness Center, Frank R. Mocerri, and Steve Rosenthal/Rosenthal Acupuncture.
7. Based on the information provided to this office by your insurance company your financial responsibility is:  
  
Deductible \$ \_\_\_\_\_ to be paid in \$50 increments  
Copayment \$ \_\_\_\_\_ to be paid at each visit
8. I received a copy of Washington Wellness Center's Notice of Patient Privacy Practices.

PATIENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



# eWellness Questionnaire

Helping you one question at a time!

## COMPREHENSIVE

Name:

Date of Birth:

Patient Code:

Please do not select anything if the answer is no or negative.  
Select Rarely 'R' if this is an uncommon event or symptom.  
Select Frequent 'F' if this is a common event or symptom.  
Select Always 'A' if this is a persistent event or symptom. Also  
select 'A' for Yes

At first glance there may seem to be a lot of questions. But  
each of these questions were selected because of their direct  
or indirect relation to the symptoms mentioned.

### Section 1

1. R F A Consume breads / pastas / starches
2. R F A Yeast / Fungal problems
3. R F A Tickle in your throat
4. R F A Cough / spit clear sputum / phlegm

5. R F A Unexplained weight loss
6. R F A Nervousness or irritable
7. R F A Thinning of skin
8. R F A Prostate problems

### Section 2

9. R F A A family history of diabetes
10. R F A A family history of cancer
11. R F A A family history of heart disease
12. R F A Alcohol socially
13. R F A Alcohol use extensively
14. R F A Do you use street drugs
15. R F A Drink coffee / soda / ice tea
16. R F A Smoke or use tobacco
17. R F A Eat fast food
18. R F A Eat pre processed / packaged foods

19. R F A Consume sweets
20. R F A Use artificial sweeteners
21. R F A Drink cow's milk
22. R F A Consume white sugar
23. R F A Consume refined carbs
24. R F A Consume wheat or gluten
25. R F A Consume artificial flavorings
26. R F A Very little exercise
27. R F A Family or financial stressors

### Section 3

28. R F A Rashes
29. R F A Rosacea
30. R F A Itchy or dry skin
31. R F A Oily skin

32. R F A Acne
33. R F A Eczema
34. R F A Psoriasis
35. R F A History of skin cancer

### Section 4

36. R F A Vertigo / dizziness
37. R F A Light headedness
38. R F A Glaucoma
39. R F A Cataracts
40. R F A Double vision or blurred vision
41. R F A Dry or red eyes
42. R F A Macular degeneration

43. R F A Watery eyes
44. R F A Itchy eyes
45. R F A Puffy eyes
46. R F A Ear infections
47. R F A Tooth cavities
48. R F A Bad breath
49. R F A Runny nose / sneezing

### Section 5

50. R F A History of COPD / lung disease
51. R F A History of emphysema
52. R F A History of chronic bronchitis
53. R F A Difficulty breathing deeply
54. R F A Acute or chronic coughing

55. R F A Wheezing with breathing
56. R F A Asthma
57. R F A Shortness of breath
58. R F A Pain when taking a breath



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	Patient Code:

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Section 6

59. R F A Difficulty going to sleeping	70. R F A Too much stress / tension
60. R F A Difficulty staying asleep	71. R F A Heat / cold intolerance
61. R F A Hungry all the time	72. R F A Cough / spit green-yellowish sputum / phlegm
62. R F A Can't loose weight	73. R F A Trouble with edema / swelling
63. R F A Can't gain weight	74. R F A Early aging
64. R F A Slow metabolism	75. R F A Trouble sweating
65. R F A Overweight	76. R F A Fatigued or tired
66. R F A Gout	77. R F A Unexplained swellings
67. R F A Diabetes	78. R F A Diabetic medications
68. R F A Metabolic syndrome	79. R F A Thyroid medication
69. R F A Thyroid problems	80. R F A Diuretics

Section 7

81. R F A Erectile dysfunction	94. R F A Fertility concerns
82. R F A Pre-menopausal	95. R F A Increase in urination
83. R F A Peri-menopausal	96. R F A Pelvic pain or cramping
84. R F A Suffer from PMS	97. R F A Mood swings
85. R F A Breast tenderness	98. R F A Bouts of depression
86. R F A Vaginal discharge	99. R F A Manic episodes
87. R F A Vaginal dryness	100. R F A Loosing your memory
88. R F A Birth control	101. R F A Hot flashes / sweats
89. R F A Irregular periods	102. R F A Thinning hair or brittle hair
90. R F A Excessive period bleeding	103. R F A Sexually transmitted diseases
91. R F A Athlete's Foot	104. R F A Decrease in sex drive
92. R F A Ovarian cysts	105. R F A Pain with sex
93. R F A Fibrocystic breasts	106. R F A Hormone replacement

Section 8

107. R F A Heart medication	111. R F A High blood pressure
108. R F A History of a heart attack	112. R F A History of A-fib or arrhythmias
109. R F A History of heart surgery	113. R F A History of heart problems
110. R F A Chest pain / angina / tightness	114. R F A Slow or fast heart beats at rest

Section 9

115. R F A History of deep vein thrombosis	118. R F A Concerns about a stroke
116. R F A Poor circulation in your hands	119. R F A Restless leg syndrome
117. R F A Poor circulation in your feet	120. R F A Bruise easily

Section 10

121. R F A Heart burn or reflux	131. R F A Inflamed intestine - "Leaky gut"
122. R F A Upset stomach	132. R F A Dark black / tarry stools
123. R F A Belching	133. R F A Blood streaked stools
124. R F A Ulcers	134. R F A Blood on the toilet paper
125. R F A Pain after eating	135. R F A Crohn's Disease
126. R F A Heartburn medication	136. R F A Ulcerative colitis
127. R F A Indigestion or bloating	137. R F A Colon polyps
128. R F A Abdominal cramps or pain	138. R F A Diverticulitis
129. R F A Irritable bowel syndrome	139. R F A Constipation
130. R F A Diarrhea	140. R F A Laxitives

Name:	Date of Birth:
	Patient Code:
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<p>At first glance there may seem to be a lot of questions. But each of these questions were selected because of their direct or indirect relation to the symptoms mentioned.</p>	
<p>Section 11</p>	
141. R F A History of urinary tract infections	146. R F A Dark or smelly urine
142. R F A History of kidney stones	147. R F A Over-active bladder
143. R F A Blood in your urine	148. R F A Urinary urgency
144. R F A Bed wetting	149. R F A Urinary hesitancy
145. R F A Urinary discharge (abnormal)	
<p>Section 12</p>	
150. R F A Headaches or migraines	157. R F A Joint pain
151. R F A Stiffness or muscle spasms	158. R F A Arthritis
152. R F A Bone pains	159. R F A Rheumatoid arthritis
153. R F A Difficulty exercising	160. R F A Muscle weakness
154. R F A Fibromyalgia	161. R F A Osteoporosis
155. R F A Chronic fatigue syndrome	162. R F A Muscle relaxors
156. R F A Back pain or neck pain	
<p>Section 13</p>	
163. R F A History of seizures	167. R F A Numbness or tingling
164. R F A Anti-depressants	168. R F A Poor coordination
165. R F A Pain medications	169. R F A ADHD / ADD learning disorders
166. R F A Multiple sclerosis	170. R F A Brain fog - lack of concentration
<p>Section 14</p>	
171. R F A Anxiety / anxiousness	173. R F A Feelings of worthlessness
172. R F A Problems relaxing	
<p>Section 15</p>	
174. R F A Allergies	
<p>Section 16</p>	
175. R F A Sick more often	179. R F A Fever blisters or cold sores
176. R F A Swollen glands	180. R F A Warts
177. R F A Recently taken antibiotics	181. R F A Sore Throat
178. R F A Scleroderma or Sjogrens disease	
<p>Section 17</p>	
182. R F A Cholesterol problems	184. R F A Gall bladder attacks
183. R F A Cholesterol medication	