



clinic mission:

The iowa acupuncture clinic operates as a holistic traditional oriental medical clinic, specializing in acupuncture therapies, herbal medicine, lifestyle counseling and holistic health education.

We honor the holistic nature of life and one's health.

The iowa acupuncture clinic seeks to aid its patients in achieving a greater level of health and well-being. We focus on the individual person, educating them according to an ancient holistic style of oriental medicine. Most importantly, the iowa acupuncture clinic seeks to care for the individual needs of each person.

clinic history

The iowa acupuncture clinic was founded in 1997 by Elizabeth and William Terrell, L. Ac, MSOM., who:

1. were educated in Oriental Medicine at the prestigious Southwest Acupuncture College in Santa Fe, New Mexico,
2. possess Master of Science Degrees in Oriental Medicine (Elizabeth MSOM '95, William MSOM '96),
3. maintain Acupuncture Certification through the NCCAOM (dipl. Ac.); and
4. are Licensed Acupuncturists (L.Ac.) in Iowa.

clinic guidelines

In an effort to provide our clients with the best care, we request that you follow these guidelines:

1. The iowa acupuncture clinic is maintained as a peaceful, quiet healing space.
Please limit noise and disturbances.
2. If you ever need any urgent attention, please speak as loudly as necessary.
3. We love and honor children as clients and guests. Please ask to wait with your child in our pediatric treatment area. Please leave the space as tidy as you found it.
4. Please place cell phones and other electronics on mute, and limit their use to necessity.
5. We maintain a toxin free environment for our staff and clientele who have environmental sensitivities.
Please limit your use of cologne and perfume.
Smoking is not permitted anywhere on our premises.
If you have any special environmental needs, please let us know.
6. Payment is due upon completion of visit to clinic.
Prompt payment discounts will be applied to any payments made at time of completion of visit.
Please inform our staff, prior to treatments, if you will not be paying in full.
Please ask for a receipt or insurance form for third-party reimbursement.
7. We all are human and make mistakes, please forgive us ours and we will respect yours.
8. The iowa acupuncture clinic is a health education and lifestyle center. We honor all questions.

acupuncture guidelines

acupuncture is one of our clinic's most popular treatments, it is also it's most unique;
as such, please observe the following guidelines when receiving treatment:

1. It is best to wear comfortable, loose fitting clothes. During a treatment, we might need to access various parts of your body, usually your arms, legs, abdomen and back. If you are coming from work, we have hangers for your business clothes and we will provide you with a cover during your treatment.
2. Be sure to eat something during the mealtime prior to your visit. It is very important to have nourishment in your system during an acupuncture treatment. Acupuncture utilizes your body's energy much like an exercise session would, and if your blood sugar is low, you will not respond as quickly to the acupuncture treatments. Please ask us for a snack if you need one.
3. Allow plenty of time for your visit. You will need to spend about 1½ to 2 hours at the clinic during your initial visit. This time allows you to complete our initial paperwork, and allows us to ask you many questions, obtain an accurate diagnosis of your condition and give you an acupuncture treatment. Most of your return visits will last about 1 hour to 1½ hours. Please let us know if you require a quicker treatment.
4. The practice of acupuncture is a licensed medical specialty in the State of Iowa. As such, it is regulated by the Iowa Board of Medical Examiners, located at 400 SW 8th Street, Suite C, Des Moines, Iowa 50309-4686, phone: 515-281-5171. The medical board requires us to state the following:
The practice of acupuncture in Iowa does not authorize a person to practice medicine and surgery in this state, and the services of an acupuncturist must not be regarded as diagnosis and treatment by a person licensed to practice medicine and must not be regarded as medical opinion or advice.
All Practitioners are in full compliance with all regulations and rules promulgated by the Iowa Department of Public Health.
5. Elizabeth and William Terrell, L. Ac., MSOM practice acupuncture according to Traditional Chinese Medical (TCM) Theory. Please ask for your diagnosis and TCM medical references.
6. The iowa acupuncture clinic exclusively uses sterile, disposable, single use acupuncture needles.
7. If you have any questions, or concerns before, during or after your acupuncture, please call our clinic.

services:

range of prices vary with severity of health conditions treated
see brochure for definitions of services

TCM acupuncture and herbal medicine clinic

initial TCM diagnostic visit	\$20
acupuncture treatment	\$70
return consultation	\$10-80
adjunct acupuncture therapies	\$0-25
couples/group acupuncture (per person)	\$60

I have read the above information and my signature endorses my understanding of the conditions.

Print Name _____ relationship to patient: _____

signature _____ date _____

Patient NAME:

last:

first, MI

Services at Iowa Acupuncture Clinic: Fed ID# 391885325
Consulting Practitioner:

_____ Elizabeth Terrell, L.Ac. IA 004 NPI: 1710318852

_____ William Terrell, L.Ac. IA 005 NPI: 1194156240

signed: _____ date: ___/___/___



Notice of Privacy Practices

This notice, and the accompanying Practices Regarding Disclosure of Patient Health Information, describes how health information about you may be used and disclosed, and how you can get access to your health information. The Notices are posted near the front desk and copies are available to all individuals receiving care.

Please review this information carefully.

Understanding your health record: A record is made each time you visit the Iowa Acupuncture Clinic. Your symptoms, the practitioner's judgments, and a plan of treatment are recorded. This record serves as a basis for planning your care and treatment at future visits, and also serves as a means of communication among other health professionals who may contribute to your care. Understanding what information is retained in your record and how that information may be used will assist you to ensure it is accurate and make informed decisions about who, what, when, where, and why others may be allowed access to your health information.

Understanding your health information rights: Your health records is the physical property of the Iowa Acupuncture Clinic, but the content is about you, and therefore belongs to you. You have the right to review or obtain a paper copy of your health record, and to request that appropriate amendments be made to your health record. You have the right to request restrictions on certain uses and disclosures of your information, to authorize disclosure of the record to others, and be given an account of those disclosures. Other than activity that has already occurred, you may revoke any further authorizations to use or disclose your health information. Should we need to contact you, you have the right to request communication by alternate means or to alternate locations.

Our Responsibilities: The Iowa Acupuncture Clinic is required to maintain the privacy of your health information and to provide you with this notice of our privacy practices. We're required to follow the terms of this notice and to notify you if we are unable to grant your request to disclose or restrict disclosure of your health information to others. The Clinic reserves the right to change its practices and promises to make a good faith effort to notify you of any changes. Other than for the reasons described in this notice, the Iowa Acupuncture Clinic agrees not to use or disclose your health information without your authorization.



Current Health Issues

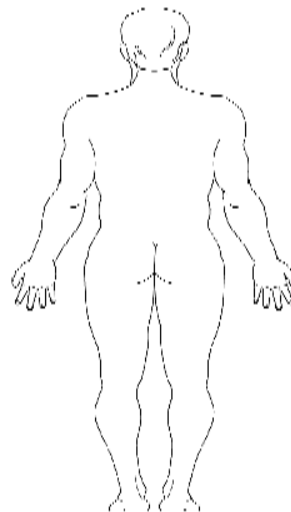
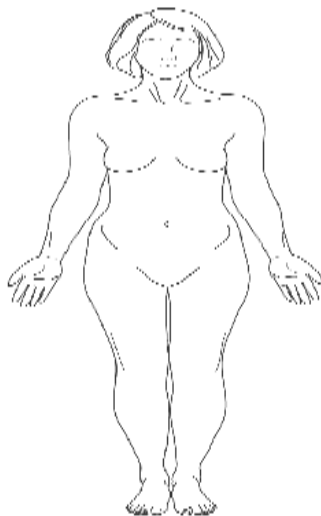
Please use this form to list and describe any current health issues.

Be as specific as you wish. Ask for additional paper if necessary.

You may also use this space to write any questions or comments. Use reverse side to list refills of Herbal Products
Reverse Side is your SUPERBILL receipt. Please ask for a copy to file with your Insurance Company

**please list any
medication or supplements
changes or questions**

Please use the diagram below to show any areas of
(P) pain, (N) numbness, (H) heat, (C) cold,
(S) swollen, (E) emotion, (A) acne, (R) rash



Services at Iowa Acupuncture Clinic: Fed ID# 391885325

Consulting Practitioner: PoS Code: 11

____ Elizabeth Terrell, L.Ac. IA 004 NPI: 1710318852

____ William Terrell, L.Ac. IA 005 NPI: 1194156240

Patient NAME:

last:

first, MI

visit DATE:

____/____/____

signed: _____ date: ____/____/____

Patient NAME last: _____ first, MI _____		Patient DOB: ____/____/____ mm dd yyyy	Insurance Company:	visit DATE: ____/____/____
Patient ADDRESS street: _____		SSN: _____	Insured name:	Insurance policy #:
city: _____	st: _____	zip: _____	phone: _____	Terms: All Fees and Charges are due at time of visit date

code.mod	PROCEDURES	qty	price	notes	ICD	DIAGNOSIS
99201.	first visit, minimal					
99202.	first visit, detailed					
99203.	first visit, extensive					
99211.	return visit eval, min					
99212.	return visit eval, detail					
97810	acupuncture					

Procedures Subtotal: \$ Suggested Discount \$

Treatment notes: _____

tbl up
tbl dwn
chair
mobile

code	PRODUCTS	# pills	times / day	# days	Unit size	Unit price x	Units =	Cost	Notes
						x	=		
						x	=		
						x	=		
						x	=		
						x	=		
						x	=		
						x	=		

* non-tax Products subtotal \$ tax 1.06 X taxable subtotal \$ = \$ total

non-tax + taxable Products sub \$	+	Prior Products Bal \$	=	Products total due \$	-	Credit Check \$ Cash	=	Products Balance \$		
Procedures sub \$	-	Pmt at time of visit disc \$	+	Prior Procedures Bal \$	=	Procedure total due \$	-	Credit Check \$ Cash	=	Procedures Balance \$
				Total Visit due \$			Total Paid \$			

insurance assign? No / Yes & Bill \$ _____

Outstanding \$ _____

**iowa
acupuncture
clinic**



8230 Hickman Rd, Suite B
Clive, Iowa 50325
515-331-8948
www.iowaacupuncture.com

Services at Iowa Acupuncture Clinic: Fed ID# 391885325
 Consulting Practitioner: PoS Code: 11
 _____ Elizabeth Terrell, L.Ac. IA 004 NPI: 1710318852
 _____ William Terrell, L.Ac. IA 005 NPI: 1194156240
 signed: _____ date: ____/____/____

Patient Information

Please complete the following information for your patient file.

All of your patient file is confidential medical information and will be maintained as per our HIPAA guidelines.

We will never sell any of your information. Please let us know if you need copies of your patient file.

Patient NAME		Today's DATE: ___/___/___	
last:	first, MI	is this form?	initial revised

Patient ADDRESSES:	street	city	state	zip

PRIMARY PHYSICIAN INFORMATION
name:
phone number:
specialty:

Patient PHONE NUMBERS & EMAILS *Please indicate preferred contact number	
home:	
cell:	text? Y / N
work:	ext#
email:	
Can we send you email reminders for appointments?	

EMERGENCY CONTACT INFORMATION
name:
relationship:
phone number:
alternate phone number:

BIRTHDATE:	___/___/___
AGE:	
GENDER:	
DATE of initial visit:	___/___/___
marital status:	
occupation:	
company:	

Family (spouse, children, parents & others...)			patient at our clinic?
Name	relationship	age	

Who Referred you and/or How did you hear about our clinic?
Medical Professional:
Patient of our clinic:
Family member:
Other:

Have you ever had Acupuncture? Yes / No
 When: _____ By Whom: _____
 How Many Treatments: 1 2-5 10-20 more (years? _____)
 How did it go? Results / Notes:

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signed: _____	date: ___/___/___



Is this form?
Initial
or
Update

Patient History

Please complete this two sided form. page 1/2

Medication / Supplement / Herbal Medicine List

Please complete the following chart by listing all of the prescription medications, dietary supplements and/or herbal medicines that you are currently taking. describe your current health concerns and your medical history. Please be as detailed as you can. Please use extra pages or your own documents.

medicine/supplement/herb	dosage		medical reason / health benefit	dates taking	
	times/day	total mg/day		start	end

Surgeries / Medical Procedure History

Please use the following chart to list all surgeries, organ removal, cosmetic surgical procedures, or other invasive medical procedures (such as chemo-therapy, radiation, cataract surgery). Please include bone breaks and lacerations if they required extensive medical care. DO NOT INCLUDE HOSPITAL STAYS DUE TO ILLNESS, you will list those on the opposite page.

surgical procedure	dates performed	reasons for procedure	was it successful? what were results?

Patient NAME:		visit DATE:
last:	first, MI	/ /

Services at Iowa Acupuncture Clinic: Fed ID# 391885325
 Consulting Practitioner: PoS Code: 11
 _____ Elizabeth Terrell, L.Ac. IA 004 NPI: 1710318852
 _____ William Terrell, L.Ac. IA 005 NPI: 1194156240

signed: _____ date: ___/___/___

Patient Evaluation Checklist

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Clive, Iowa 50325
515-331-8948
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Please use the following 2 sided checklist to describe your current (within the last 3 months) and/or past health issues (please add dates if serious illness). Circle any and all symptoms that apply. A slash "/" means "and/or", please circle all that applies. Do not worry if symptoms seems contrary. Make any notes you wish.

- | | |
|-----------------|-----------------|
| current
past | Systemic |
|-----------------|-----------------|
- hot body
locations:
 - cold body
locations:
 - overheats /gets cold easily
 - sweats easily
 - seldom sweats
 - sweats on: head / hands / feet
 - sweat has strong odor
 - red face
 - overweight
 - heavier in belly / middle
 - heavier in hips / legs
 - underweight
 - weight fluctuates easily
 - swollen face / hands
 - swollen legs / feet
 - acne: face / back / chest / belly
 - face pain

- | | |
|-----------------|--------------------|
| current
past | Respiratory |
|-----------------|--------------------|
- shortness of breath
 - fatigue / wheezing with exertion
 - cough (circle any/all)
dry / wet / barking
 - difficulty inhaling / exhaling

- | | |
|-----------------|--------------------------|
| current
past | Digestive / Bowel |
|-----------------|--------------------------|
- poor appetite
 - excessive appetite
 - pain before / after eating
 - mouth / teeth / gum pain
 - clear throat constantly
 - throat pain / reflux / Acid
 - difficulty swallowing
 - stomach / abdomen pain
 - bowels / rectum pain
 - belching / hiccups frequently
 - bad breath
 - dry mouth
 - taste in mouth (circle any/all)
bitter / metal / sour / sweet
 - flatulence frequently
- frequency of BM ____times per day /week
- typical BM texture (circle any/all):
formed / diarrhea / loose / dry
- BM color (circle any/all):
dark / light / yellow / green / red
- shape of BM (circle any/all)
tube / pencil thin / pebbles /
large /small amount
- undigested food in stool
 - bowel incontinence
 - painful bowel movements
 - hemorrhoids / bleeding

- | | |
|-----------------|----------------------------|
| current
past | Heart / Circulation |
|-----------------|----------------------------|
- cold hands / feet
 - dizziness
 - chest palpitation
 - chest tightness
 - shortness of breath
with movement / at rest
 - fatigue: with movement / at rest
 - arm pain into pinky or ring
finger
 - erratic pulse
 - fast / slow pulse
 - high blood pressure (BP)
 - normal BP w/medication
 - high BP w/ medication
 - low blood pressure

- | | |
|-----------------|---------------------------------|
| current
past | Immune / Sinus / Allergy |
|-----------------|---------------------------------|
- frequent head colds ____ / year
 - frequent flu ____ / year
 - frequent allergies
 - stuffy nose
 - painful sinuses
 - headaches
 - eyes: itchy / red / watery
 - sneezing
 - hives: where? _____
 - pet allergies

Notes:

Patient NAME: last: _____ first, MI _____	visit DATE: ____/____/____
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Services at Iowa Acupuncture Clinic: Consulting Practitioner: ____ Elizabeth Terrell, L.Ac. IA 004 NPI: 1710318852 ____ William Terrell, L.Ac. IA 005 NPI: 1194156240	Fed ID# 391885325 PoS Code: 11
signed: _____ date: ____/____/____	

Patient NAME:		visit DATE:
last:	first, MI	____/____/____

Services at Iowa Acupuncture Clinic: Fed ID# 391885325
 Consulting Practitioner: PoS Code: 11
 _____ Elizabeth Terrell, L.Ac. IA 004 NPI: 1710318852
 _____ William Terrell, L.Ac. IA 005 NPI: 1194156240

signed: _____ date: ____/____/____

Patient Evaluation Checklist (...continued from front page)

Please use the following 2 sided checklist to describe you current (within the last 3 months) and/or past health issues (please add dates if serious illness). Circle any and all symptoms that apply. A slash "/" means "and/or", please circle all that applies. Do not worry if symptoms seems contrary. Make any notes you wish.

current	past	<h3>Energy / Sleep</h3> <p>energy level? high / mod / low</p> <p><input type="checkbox"/> <input type="checkbox"/> erratic energy / fatigue</p> <p><input type="checkbox"/> <input type="checkbox"/> fatigued easily</p> <p>motivation (circle): high / mod / low</p> <p><input type="checkbox"/> <input type="checkbox"/> weak voice</p> <p>time to bed: regular ____ irregular ____</p> <p>hours of sleep per day: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> difficulty falling asleep</p> <p><input type="checkbox"/> <input type="checkbox"/> wake frequently thru night</p> <p><input type="checkbox"/> <input type="checkbox"/> to urinate?</p> <p><input type="checkbox"/> <input type="checkbox"/> to eat?</p> <p><input type="checkbox"/> <input type="checkbox"/> because of pain?</p> <p><input type="checkbox"/> <input type="checkbox"/> disturbing dreams / nightmares</p> <p><input type="checkbox"/> <input type="checkbox"/> vivid dreams</p> <p><input type="checkbox"/> <input type="checkbox"/> night sweats</p> <p><input type="checkbox"/> <input type="checkbox"/> hot / cold flashes</p> <p>wake (circle): rested / fatigued / stressed</p> <p><input type="checkbox"/> <input type="checkbox"/> daily need for nap</p>
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Urogenital

____ frequency of urine per day

____ frequency of night urine

typical color & quality of urine:

clear / light / dark / florescent / bloody / cloudy / milky / frothy

painful or burning urination

weak stream

urgency

incontinence /leaking

sensation of need without urine

low libido

pain in groin

pain during / after sex

headache during / after sex

current	past	<h3>Women's Health</h3> <p>____ age of menarche</p> <p>____ age of menopause</p> <p>____ age of hysterectomy (part / total)</p> <p><input type="checkbox"/> <input type="checkbox"/> hormone replacement therapy</p> <p><input type="checkbox"/> <input type="checkbox"/> prolapse of vagina / bladder</p> <p>____ days in length of monthly cycle</p> <p><input type="checkbox"/> <input type="checkbox"/> regular / irregular</p> <p>____ days of menses flow</p> <p>flow? light / medium / heavy</p> <p><input type="checkbox"/> <input type="checkbox"/> clotting / hemorrhaging</p> <p><input type="checkbox"/> <input type="checkbox"/> painful menses</p> <p>when? before / during / ovulation</p> <p><input type="checkbox"/> <input type="checkbox"/> PMS symptoms (circle any/all): moody / angry / sad breast tender / low back pain / cold body</p> <p><input type="checkbox"/> <input type="checkbox"/> vaginal discharge clear / white / yellow / other</p> <p>any other symptoms related to menses?</p>
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Men's Health

weak erection

painful erection

priapism / bent penis

inability to orgasm

inability to sustain erection

prostate pain / swollen

any other symptoms?

current	past	<h3>Mental / Emotional</h3> <p>predominant emotions (check any/all)</p> <p><input type="checkbox"/> <input type="checkbox"/> moody</p> <p><input type="checkbox"/> <input type="checkbox"/> bored</p> <p><input type="checkbox"/> <input type="checkbox"/> anger/frustration</p> <p><input type="checkbox"/> <input type="checkbox"/> short temper</p> <p><input type="checkbox"/> <input type="checkbox"/> joyful</p> <p><input type="checkbox"/> <input type="checkbox"/> inappropriate laughter</p> <p><input type="checkbox"/> <input type="checkbox"/> anxious</p> <p><input type="checkbox"/> <input type="checkbox"/> mania</p> <p><input type="checkbox"/> <input type="checkbox"/> obsessions</p> <p><input type="checkbox"/> <input type="checkbox"/> grief</p> <p><input type="checkbox"/> <input type="checkbox"/> depressed</p> <p><input type="checkbox"/> <input type="checkbox"/> excessive crying</p> <p><input type="checkbox"/> <input type="checkbox"/> inability to cry</p> <p><input type="checkbox"/> <input type="checkbox"/> lack of emotions</p> <p><input type="checkbox"/> <input type="checkbox"/> disturbed / restless</p> <p><input type="checkbox"/> <input type="checkbox"/> others: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> pain / discomfort due to emotions, describe:</p> <p><input type="checkbox"/> <input type="checkbox"/> suffer Seasonal Affective Disorder</p> <p><input type="checkbox"/> <input type="checkbox"/> suffer Post-Traumatic Stress Disorder</p>
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Perkin's

Cobblestone Shopping & Theater

HICKMAN RD

Funeral Home

Stop Light

82ND ST

Natural Grocer's

Auto Glass

Down Under Bar

Stamps Store

Ideal Transformations

The Rock Bar

T
a
p
z
p
u
b

Buddhist Temple / Community Center

ACUPUNCTURE

iowa acupuncture clinic 

8230 Hickman Rd, Suite B
Clive, Iowa 50325
515 331 8948

Drive up hill and park in front of the clinic on the west side of the building

86TH ST.

Serenity Spa →

Healing Arts →

Clive Community Services

Apartments

Apartments

Apartments

Crestview Elementary School

Apartments

82ND ST



Stop-Light

FRANKLIN AVE

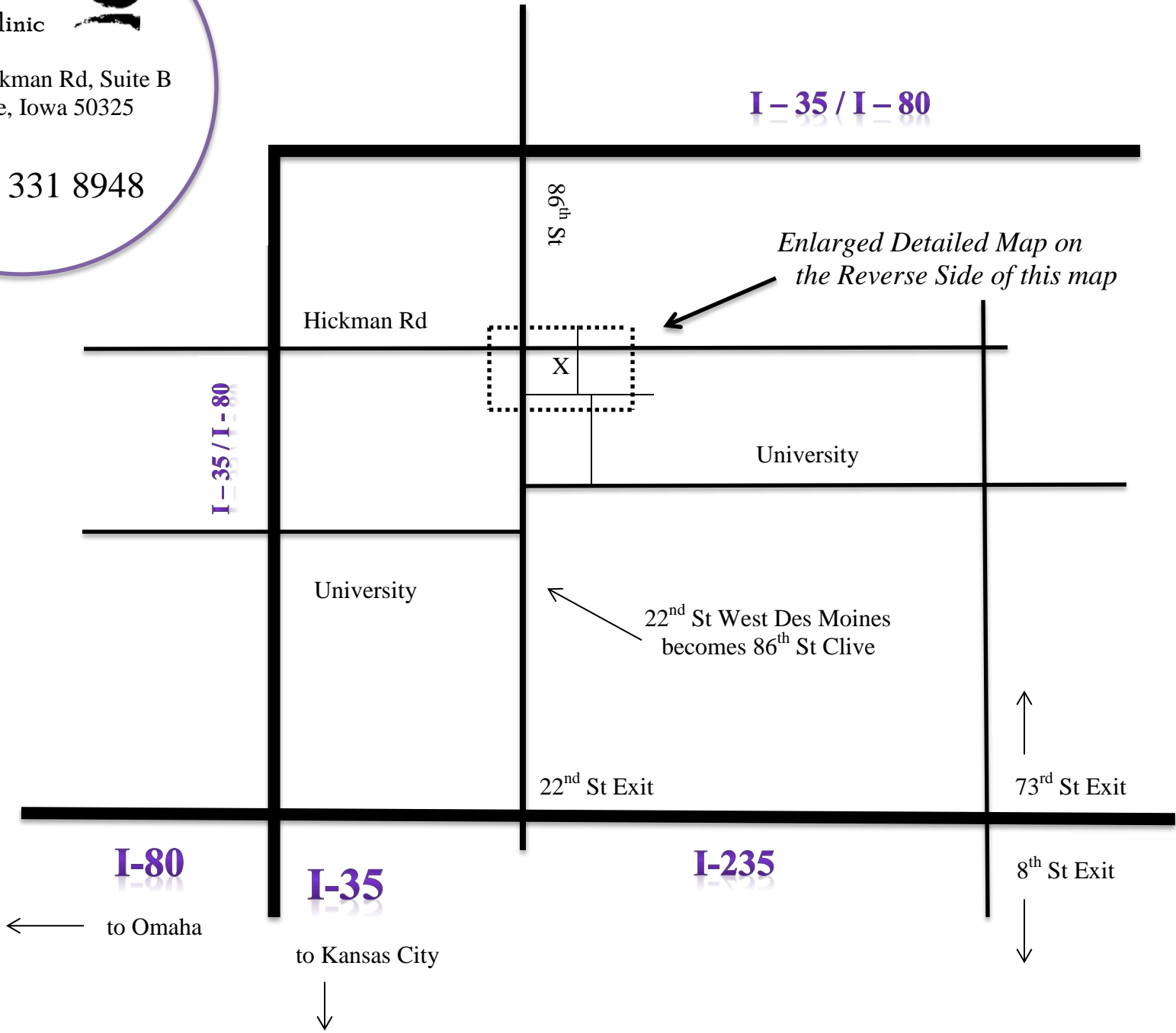
Stop Sign

iowa
 acupuncture
 clinic



8230 Hickman Rd, Suite B
 Clive, Iowa 50325

515 331 8948



*Enlarged Detailed Map on
 the Reverse Side of this map*