



### Patient Intake Form

<b>Name:</b>				
<b>Middle Name:</b>		<b>Preferred Name:</b>		
<b>Date of Birth:</b>		<b>SSN:</b>		<b>Gender:</b>
				<b>Preferred Pronouns:</b> (He/him, she/her, they/them)

<b>Address:</b>				
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>

### Preferred Method of Contact

<b>Home Phone:</b>		<b>Cell Phone:</b>	
<b>Work Phone:</b>		<b>Ext:</b>	<b>E-mail:</b>
<b>Do You Have Any Special Needs?</b>			

<b>Emergency Contact</b>	<b>Relation to patient:</b>			
<b>Name:</b>				
<b>Address:</b>				
<b>City:</b>		<b>State:</b>		<b>Zip Code</b>
<b>Home Phone:</b>		<b>Cell Phone:</b>		
<b>Work Phone:</b>		<b>Ext:</b>	<b>E-mail:</b>	

### Personal Health History

Who is your primary care provider?

*(Naturopathic doctor, medical doctor, nurse practitioner, chiropractor, acupuncturist, therapist, etc.)*

List other providers/specialists involved in your care and their clinic name/number:

1.

2.

What are your goals for this visit?



**Seattle  
Nature Cure  
Clinic**

Drs. Takakura, Davis, Norton, Kisaichi, Neumann, and Sharon Blaney  
T: (206) 708-1212 at SNCC Fax: (206) 466-5458  
8012 15<sup>th</sup> NW Seattle, WA 98117

## Consent for Treatment

**General Information:** Drs. Takakura, Davis, Norton, Kisaichi, Neumann, and Sharon Blaney are clinicians that integrate a number of medical treatment modalities. Due to the diversity of modalities offered, your treatment may include any or all of the following general modalities: Acupuncture and Oriental Medicine, Naturopathic Medicine, Physical Medicine, Homeopathy, Psychological Counseling and Nutritional Counseling.

**Methods, Procedures and Therapeutic Approaches:** The above-mentioned doctors may perform any of the following procedures as necessary to give proper assessments, determine treatment approaches, treat or otherwise address your health concerns.

- **General Diagnostic Procedure's** (including but not limited to venipuncture, pap smears, radiography, and blood and urine lab work, general physical exams, neurological and musculoskeletal assessments)
- **Psychological Counseling; Lifestyle Counseling; Exercise Prescriptions**
- **Acupuncture:** (insertion of special sterilized needles at specific points on the body to directly or indirectly stimulate acupuncture points and meridians)
- **Moxibustion:** (A soft woolly mass prepared from ground young leaves, typically in the form of sticks or cones, which are ignited and placed on or close to the skin or used to heat acupuncture needles)
- **Acupressure:** (Traditional Chinese medical massage and manual therapy)
- **Sonopuncture:** (the use of sound to stimulate acupuncture points and meridians)
- **Laserpuncture:** (laser light beams are applied to the acupuncture points to help stimulate the flow of qi and promote healing)
- **Breathing, Relaxation, and East Asian Exercise Techniques Qi Gong:** (an internal Chinese meditative practice that often uses slow graceful movements and controlled breathing techniques to promote the circulation of qi within the human body, and enhance a practitioner's overall health)
- **Topical Treatments and Prepping** (includes cupping: a technique using glass cups on the surface of the skin with usually a heat created vacuum; and Gua Sha: rubbing on an area of the body with a blunt, round instrument)
- **Herbs/Natural Medicines** (prescribing of various therapeutic substance including plants, minerals and animal materials. Substances may be given in the form of teas, pills, powders, tinctures may contain alcohol; topical creams, pastes, plasters washes; suppositories or other forms. Homeopathic remedies, often highly dilute quantities of naturally occurring substance, may also be used.)
- **Dietary Advice and Therapeutic Nutrition** (use of foods, diet plans or nutritional supplements for treatment may include intramuscular vitamin injections.)
- **Soft Tissue and Osseous Manipulation** (use of massage, neuromuscular techniques, muscle energy stretching or visceral manipulation, as well as manipulations of the extremities and spine including traction and craniosacral therapy)
- **Electromagnetic and Thermal Therapies** (includes the use of ultrasound, low and high volt electrical muscle stimulation, transcutaneous electrical stimulation, microcurrent stimulation, diathermy, and infrared and ultraviolet therapies or moxibustion and hydrotherapies.)
- **Injection Therapy** (Prolotherapy, PRP, mesotherapy; superficial pain relief technique, neural therapy; scar release technique, trigger point therapy; muscle pain relief)



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**Potential Risks:** I understand that there are certain unavoidable risks, potential side effects, and /or complications of these treatments including but not limited to pain (including increased pain), discomfort, swelling, blistering, itching, stinging, bleeding, bruising, infection, scar formation/enlargement, change in skin pigmentation/dyscoloration, burns, loss of consciousness or deep tissue injury from needle insertions, topical procedures, heat or frictional therapies, electromagnetic and hydrotherapies; allergic reactions to prescribed herbs or supplements; soft tissue or bone injury from physical manipulations; pneumothorax (air on the outside of the lung, numbness, paralysis, nerve injury, dizziness, fainting, temporary or permanent alteration in sensation, debilitating injuries or death, aggravation of preexisting symptoms and possible need for further treatment.

**Potential benefits:** Restoration of health and the body’s maximal functional capacity, relief of pain and symptoms of disease, assistance in injury and disease recovery, and prevention of disease or its progression.

***Patients with bleeding disorders or pacemakers as well as pregnant patients should inform the practitioner prior to receiving treatment.***

***Notice to Pregnant Women:*** All female patients must alert the doctor if they know or suspect that they are pregnant, since some of the therapies used could present a risk to the pregnancy. Dr. Takakura does not use labor-stimulating acupuncture points or any labor-inducing substances unless the treatment is specifically for the induction of labor. A treatment intended to induce labor requires a letter from a primary care provider authorizing or recommending such a treatment.

I understand that I may ask questions regarding my treatment before signing this form and that I am free to withdraw my consent and to discontinue participation in these procedures at any time. With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me regarding cure or improvement of my condition. I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by my representative or me or otherwise permitted or required by law. I hereby release the above-named Doctors at Seattle Nature Cure Clinic from any and all liability, which may occur in connection with the above---mentioned procedures, except for failure to perform the procedures with appropriate medical care.

\_\_\_\_\_  
Guardian/Personal Representative’s Name (PRINT)

\_\_\_\_\_  
Patient’s Name (PRINT)

\_\_\_\_\_  
Guardian/Personal Representative’s Signature

\_\_\_\_\_  
Patient’s Signature

\_\_\_\_\_  
Relationship/Representative’s Authority

\_\_\_\_\_  
Date



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## Financial Agreement

Welcome to Seattle Nature Cure Clinic. We look forward to providing for your health care needs. We encourage your questions and participation in all aspects of your care.

- ✎ Payment for all services, tests, co-pays and dispensary items is due at the time of service. We accept cash, check, Visa, and MasterCard. Returned checks will be subject to a \$35.00 NSF fee.
- ✎ I understand that if I am providing insurance billing information that I am responsible for all charges whether or not they are covered by my insurance. We submit insurance claims as a courtesy to our patients; we will bill all insurance companies that we are contracted with. Please note that this may vary depending on the practitioner. Please fill out the *Patient Insurance Registration* form and worksheet *How Do I Check My Insurance Benefits* prior to your first visit.
- ✎ We use a variety of nutritional supplements, homeopathic remedies, and botanical medicines. Once these products leave our office, we cannot bear responsibility for their storage or their use. For the health and safety of our patients, we cannot accept returns on any dispensary products.
- ✎ Your physician may prescribe medication, which may be purchased at the clinic or elsewhere. Your insurance company may not cover the dispensary items that are prescribed.
- ✎ To provide you with the most comprehensive care, we must set aside large blocks of time for your treatments. Arriving late will mean that your treatment time will be adjusted to fit the time schedule. Please understand that you will be charged a missed appointment fee of \$50.00 for any missed appointments or late cancellations of less than 24 hours' notice. Missed appointment charges are NOT covered by insurance.
- ✎ Phone consultations may be available, depending on the practitioner. These are available for established patients only and are reserved for those that are unable to get to the clinic. Phone visits are charged at a rate of \$10 per 5 minutes and are NOT covered by insurance.
- ✎ We have a dynamic team of practitioners and all financial transactions and billing will be under the name of the practitioner you were seen by. These include: Takakura, LLC, Seattle Nature Cure Clinic, PLC, Kwan Integrative Clinic, LLC, Salutagenics, Nature-East Integrative Medicine, Scott Rose, LLC, and Dymond Healthcare.

I have read and understand the above-stated policies of Seattle Nature Cure Clinic, LLC and will comply with them in all respects. If my insurance company requires release of my medical records, I hereby give my permission by signing this form.

\_\_\_\_\_  
Guardian/Personal Representative's Name (PRINT)

\_\_\_\_\_  
Patient's Name (PRINT)

\_\_\_\_\_  
Guardian/Personal Representative's Signature

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Relationship/Representative's Authority

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## HIPAA Release Form

**HIPPA Rights:** Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain privacy rights concerning your health care information. Seattle Nature Cure Clinic is concerned about the privacy of our patients' health care information. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care service will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your treatment, and will use and disclose your protected health information solely for treatment, payment, and health care operations when necessary.

**Email Communication:** Seattle Nature Cure Clinic often utilizes email to correspond with its clients and other physicians regarding its clients. However, such email correspondences are not secure. They could theoretically be intercepted, read and information could be misused. I understand that such communications are not secure and hereby release Mas Integrative Clinic from any responsibility or liability in connection with using unsecured email for communication. I understand that I can choose not to provide an email address or to request, in writing, that my email be removed from my file and Seattle Nature Cure Clinic will no longer use email correspondence with me. Regardless, if at any time I email a question to Seattle Nature Cure Clinic, I hereby authorize a reply via unsecured email and agree not to hold Seattle Nature Cure Clinic responsible for any interception or misuse of such information.

### Please Check All That Apply

<input type="checkbox"/>	Please do not phone me at HOME. Use this alternate phone number	
<input type="checkbox"/>	Please do not phone me at WORK. Use this alternate phone number	
<input type="checkbox"/>	Please do not leave messages on my answering machine	
<input type="checkbox"/>	Please do not contact me by email	
<input type="checkbox"/>	Please do not contact me by text message	
<input type="checkbox"/>	Please send mail, including my bills, to this alternate address	
<input type="checkbox"/>	Another request (please describe):	

I acknowledge that I have received the Notice of Privacy Practices for: **Seattle Nature Cure Clinic**

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Patient's Name (PRINT)

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