



Lotus Healing Arts, LLC

Mark Ensweiler, D.C., L.Ac.

2610 Post Road ~ P.O. Box 908 ~ Plover, WI 54467
715-345-0655 ~ Fax 715-345-0904

I General Information

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Married Single Partner Divorced Widowed Date of Birth _____ SS# _____

Work Phone _____ Home Phone _____ Mobile Phone _____

Email _____ Occupation _____

Emergency Contact _____ Referred By _____

Family Physician _____ Contact # _____ May we contact them? Y/N _____

Have you had Acupuncture or Oriental medicine before? Y/N _____

Are you presently under a doctor's care? Y/N _____ Who and for what? _____

Are there any other therapies which you are involved? Y/N _____ Who and for what? _____

II Insurance Information

Insurance Company _____ Contact # _____

Group/Plan # _____ Co-pay \$ _____ Visit # _____ Referral Y/N Covered % _____ Ded.(?) _____

Date called _____ Contact Name _____

III Focus

What is your primary reason for seeking care at our office? _____

What was the initial cause? _____

When did it begin? _____

What makes it worse? _____

What makes it better? _____

How does this problem interfere with your daily activities?

<input type="checkbox"/> Work	<input type="checkbox"/> Standing	<input type="checkbox"/> Sexually	<input type="checkbox"/> Other
<input type="checkbox"/> Sleep	<input type="checkbox"/> Emotional	<input type="checkbox"/> Recreation	_____
<input type="checkbox"/> Walking	<input type="checkbox"/> Relationships	<input type="checkbox"/> Bending	_____
<input type="checkbox"/> Sitting	<input type="checkbox"/> Social Life	<input type="checkbox"/> Stretching	_____

What have you done about this? _____

Are you interested in:

<input type="checkbox"/> Pain Relief	<input type="checkbox"/> Performance Care	<input type="checkbox"/> Maintenance Care	<input type="checkbox"/> Other
<input type="checkbox"/> Preventative Care	<input type="checkbox"/> Holistic Health	<input type="checkbox"/> Stress Relief	_____
<input type="checkbox"/> Oriental Nutrition	<input type="checkbox"/> Meridian Yoga	<input type="checkbox"/> Herbal Therapy	_____

What are your health goals? _____

List any past or future surgeries. _____

List any significant trauma. When did they occur? (auto accident, falls, emotional, sexual, etc...) _____

List exercise and sport activities you have been or are currently involved in: _____

IV Signs/Symptoms

- | | | | | |
|---|---|---|---|---|
| <input type="radio"/> Abdominal pain/distention | <input type="radio"/> Coughing blood | <input type="radio"/> Hemorrhoids | <input type="radio"/> Mucous in stools | <input type="radio"/> Seizures |
| <input type="radio"/> Abuse survivor | <input type="radio"/> Dark stools | <input type="radio"/> Heart palpitations | <input type="radio"/> Muscle cramps/pain | <input type="radio"/> Seeing a therapist |
| <input type="radio"/> Acid regurgitation | <input type="radio"/> Decreased libido | <input type="radio"/> Hiccup | <input type="radio"/> Nasal congestion | <input type="radio"/> Short temper |
| <input type="radio"/> Acne | <input type="radio"/> Depression | <input type="radio"/> High blood pressure | <input type="radio"/> Neck/shoulder pain | <input type="radio"/> Shortness of breath |
| <input type="radio"/> Asthma | <input type="radio"/> Dizziness/vertigo | <input type="radio"/> Impotence | <input type="radio"/> Night sweat | <input type="radio"/> Sinus pressure |
| <input type="radio"/> Bad breath | <input type="radio"/> Dry throat/mouth | <input type="radio"/> Increased libido | <input type="radio"/> Nocturnal emission | <input type="radio"/> Skin fungal infection |
| <input type="radio"/> Blood in stools | <input type="radio"/> Diarrhea | <input type="radio"/> Indigestion | <input type="radio"/> Nose bleeds | <input type="radio"/> Spots in eyes |
| <input type="radio"/> Blood in urine | <input type="radio"/> Ear aches | <input type="radio"/> Intestinal pain/cramps | <input type="radio"/> Numbness | <input type="radio"/> Sweat easily |
| <input type="radio"/> Blurry vision | <input type="radio"/> Enlarged thyroid | <input type="radio"/> Irritable | <input type="radio"/> Odorous stools | <input type="radio"/> Sore throat |
| <input type="radio"/> Breast lump/pain | <input type="radio"/> Eye pain/strain/tension | <input type="radio"/> Itchy eyes | <input type="radio"/> Pain upon urination | <input type="radio"/> Sudden energy drop |
| <input type="radio"/> Bruise easily | <input type="radio"/> Excessive phlegm | <input type="radio"/> Itchy skin | <input type="radio"/> Peculiar tastes | <input type="radio"/> Swollen glands |
| <input type="radio"/> Chest pains | Color of <input type="radio"/> | <input type="radio"/> Joint pain | <input type="radio"/> Poor appetite | <input type="radio"/> Teeth/gum problems |
| <input type="radio"/> Chills | <input type="radio"/> Excessive saliva | <input type="radio"/> Kidney stones | <input type="radio"/> Poor circulation | <input type="radio"/> Ulcerations |
| <input type="radio"/> Cold hands/feet | <input type="radio"/> Fatigue | <input type="radio"/> Laxative use | <input type="radio"/> Poor memory | <input type="radio"/> Upper back pain |
| <input type="radio"/> Concussion | <input type="radio"/> Fever | <input type="radio"/> Limited range of motion | <input type="radio"/> Poor sleep | <input type="radio"/> Urgent urination |
| <input type="radio"/> Confusion | <input type="radio"/> Frequent urination | <input type="radio"/> Loss of hair | <input type="radio"/> Premature ejaculation | <input type="radio"/> Vomiting |
| <input type="radio"/> Constipation | <input type="radio"/> Gas/belching | <input type="radio"/> Low back pain | <input type="radio"/> Psoriasis | <input type="radio"/> Wake to urinate |
| <input type="radio"/> Cough | <input type="radio"/> Grinding teeth | <input type="radio"/> Migraine | <input type="radio"/> Rash | <input type="radio"/> Weight loss/gain |
| | <input type="radio"/> Headache | <input type="radio"/> Mouth sores | <input type="radio"/> Redness of eyes | <input type="radio"/> Wheezing |

V Female Concerns

Date of last menstruation _____ Is your cycle regular? Y/N _____ Is your cycle painful? Y/N _____ Have you ever been pregnant? Y/N _____

Birth control? Y/N _____ How long? _____ ☐ PMS ☐ Clotting ☐ Vaginal sores ☐ Vaginal pain ☐ Discharge

VI Medical History

Do you have any allergies? Y/N _____ If so, to what? _____

Do you take medication? Y/N _____ If so what types and how often _____

Do you take supplements? Y/N _____ If so what types and how often _____

Please indicate if you or any family members have or had any of the following conditions:

- | | | | | |
|------------------------------------|---|--|---|--|
| <input type="radio"/> Pneumonia | <input type="radio"/> Drug reaction | <input type="radio"/> Mental breakdown | <input type="radio"/> Gonorrhea/Herpes | <input type="radio"/> Cancer |
| <input type="radio"/> Tuberculosis | <input type="radio"/> Heart attack | <input type="radio"/> Jaundice | <input type="radio"/> HIV/Aids | <input type="radio"/> Mental illness |
| <input type="radio"/> Hepatitis | <input type="radio"/> Blood transfusion | <input type="radio"/> Parasites | <input type="radio"/> High/low blood pressure | <input type="radio"/> Hypo/hyper thyroid |
| <input type="radio"/> Diabetes | <input type="radio"/> Anemia | <input type="radio"/> Measles | <input type="radio"/> Heart disease | <input type="radio"/> Premature graying |
| <input type="radio"/> Epilepsy | <input type="radio"/> Arthritis | <input type="radio"/> Mumps | <input type="radio"/> Gout | <input type="radio"/> Seizures |
| <input type="radio"/> Kidney Stone | <input type="radio"/> Obesity | <input type="radio"/> Syphilis | | <input type="radio"/> Multiple Sclerosis |

Do you sleep well? Y/N Do you dream? Y/N

Do you have a high point during the day? Y/N When? Do you have a low point during the day? Y/N When?

What are your indulgences? _____

What are your hobbies/pleasures? _____

VII Web of Wellness

Health and wellness is a balance of many things. Many factors affect our lives in various ways. These factors weave a web of health and well being.

Using the diagram below, starting at the center, choose your level of satisfaction in each of the areas.

For example: if you are extremely satisfied with your career, shade in the #10 in career line.

Rate yourself by choosing from 1-10 how you are feeling in each aspect of your life.

10

9

8

7

6

5

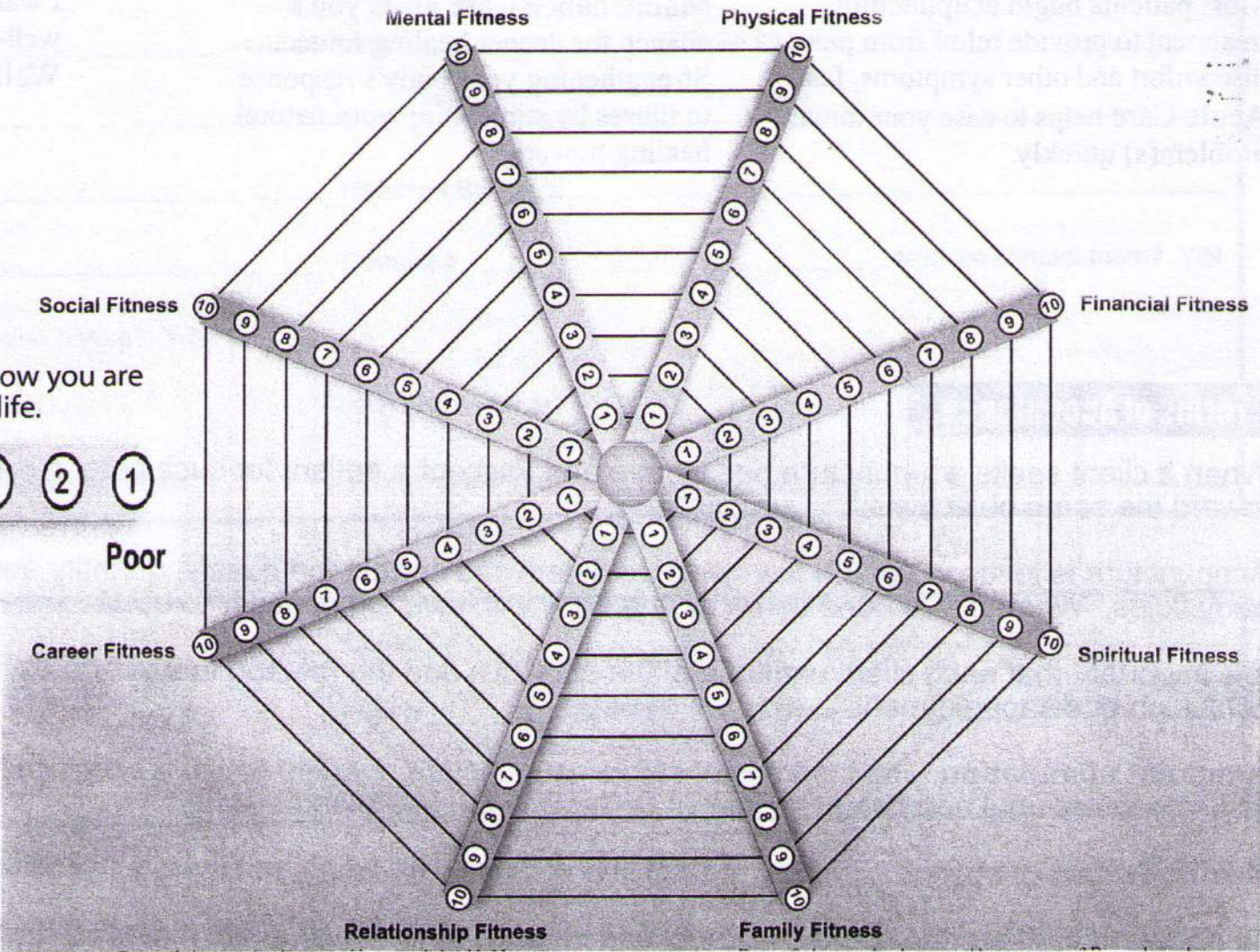
4

3

2

1

ExcellentPoor



VIII Pain

Please indicate areas of pain/tension/tightness/discomfort on chart.

Pain intensity levels (please indicate below which best describe)

No pain	Moderate pain	Severe pain	Terrible pain
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Sleeping

No problem	Mildly disturbed	Greatly disturbed	Cannot sleep
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Work - Can do:

Usual work	25% of work	50% of Work	No work
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Frequency of pain

25% of time	50% of time	75% of time	100% of time
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Travel

No problem on long trips	Moderate pain on trips	Severe pain
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Recreation - Can do:

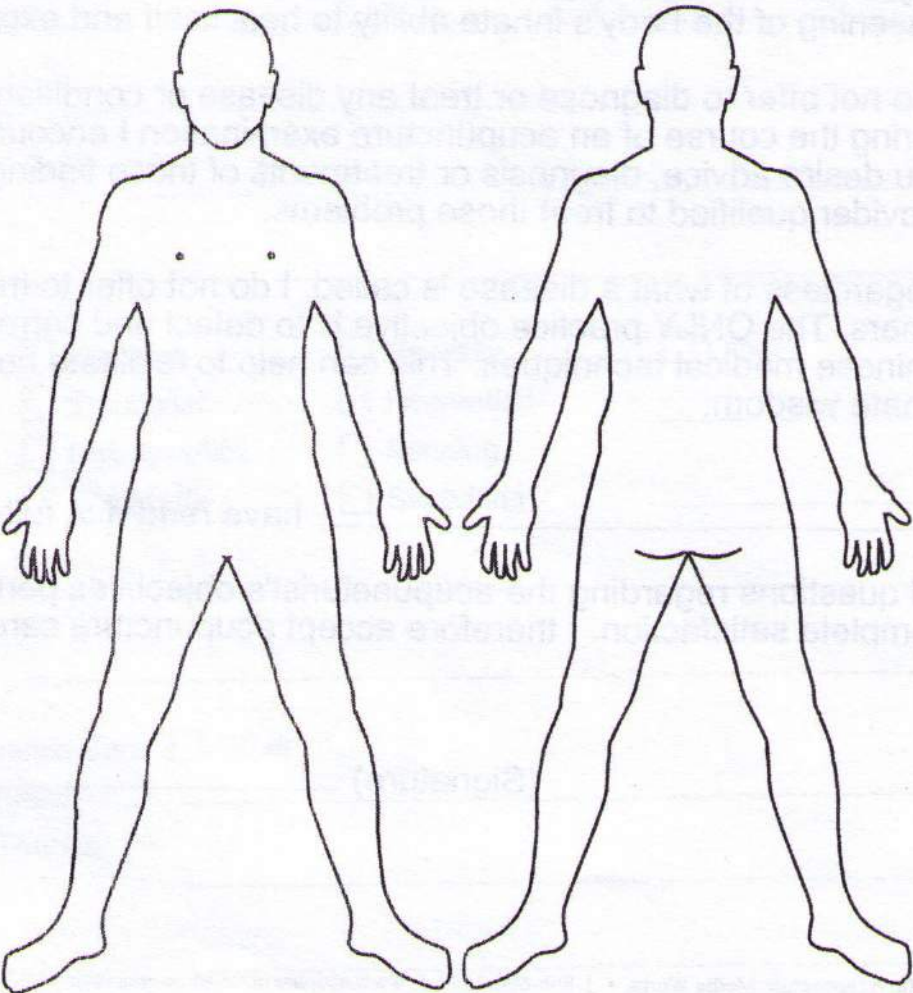
All activities	Some activities	No activities
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Walking

Can walk any distance	Pain after 1/2 mile	Cannot walk
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Sitting

No pain sitting	Some pain while sitting	Cannot sit
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Types of Care

According to your signs and symptoms please indicate where your current state of health falls along this Types of Care time line.



Acute Care

Obvious symptoms and signs

Get me out of pain and discomfort fast!

Most patients begin acupuncture treatment to provide relief from pain, discomfort and other symptoms, fast. Acute Care helps to ease your initial problem(s) quickly.

Maintenance Care

Symptom and signs disappear

Feeling good, no big problems!

Maintenance Care gives you a chance for deeper healing to occur. Strengthening your body's response to illness by stimulating your natural healing powers.

Wellness & Preventative Care

You feel great

Feeling great! Life is wonderful!

I want to achieve optimal health and well-being, free of disease and illness. Wellness Care is your best choice.

Terms of Acceptance

When a client seeks acupuncture health care and I accept a patient for such care, it is essential for both to be working toward the same objectives.

Acupuncture is focused upon a few goals: to detect and correct the quality, quantity and balance of Qi, Blood, and other body fluids. When this is done correctly, the body will have the capacity to obtain and maintain health and well-being.

It is important that each client understand the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

Acupoint stimulation: The insertion of sterile acupuncture needles cause a specific stimulation of an acupoint. This will facilitate the normal and balanced flow of Qi through the Meridian pathways.

Health: A state of optimal physical, mental and spiritual well-being, not merely the absence of infirmity.

Qi imbalance: When the quality, quantity and balance of Qi is disrupted, it causes illness and disease. An imbalance in any of the 14 main meridian channels causes an alteration in the flow of Qi through the entire body. This can result in a lessening of the body's innate ability to heal itself and express maximum health potential

I do not offer to diagnose or treat any disease or condition other than the quality, quantity and balance of Qi. However, if during the course of an acupuncture examination I encounter non-acupuncture or unusual findings, I will advise you. If you desire advice, diagnosis or treatments of those findings, I will recommend that you seek the services of a health care provider qualified to treat those problems.

Regardless of what a disease is called, I do not offer to treat it. Nor do I offer advice regarding treatment prescribed by others. The ONLY practice objective is to detect and correct imbalances within Meridian pathways using Acupuncture and Chinese medical techniques. This can help to facilitate healing and a potentially lead to a full expression of your body's innate wisdom.

I, _____ have read and fully understand the above statements.

All questions regarding the acupuncturist's objectives pertaining to my care in this office have been answered to my complete satisfaction. I therefore accept acupuncture care on this basis.

(Signature) _____ (date) _____



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Mark Ensweiler, D.C., L. Ac.

• Charity Millard, D.C.

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ACUPUNCTURE & HERBAL THERAPIES

INFORMED CONSENT

Acupuncture - It is important to acknowledge the differences between the health care specialties of Acupuncture, Chiropractic and Medicine. Acupuncture can be defined as "the art and science of promoting, maintaining or restoring health. It includes diagnosing and treating disease based on traditional Oriental medical concepts of treating specific areas of the human body, known as acupuncture points on meridians (pathways), by performing any of the following practices: 1) Inserting acupuncture needles; 2) Moxibustion; 3) Applying manual, thermal, or electrical stimulation or any other secondary therapeutic techniques." The law in Wisconsin also allows for the Acupuncturist to use the following related modalities: Acupressure, low level laser therapy*, and herbal medicine.** (Wisconsin Statutes-Chapter 451.01)

Although acupuncturist and herbalists are trained to differentially diagnose a wide variety of health disorders, they are not trained as internal medical specialists. As such, every acupuncture/herbal patient needs to be mindful of his/her own symptoms and should secure other opinions if he/she has any concern as to the nature of his/her total condition. Your acupuncturists may express an opinion as to whether or not you should take this step (referral to a licensed M.D. for further diagnostic evaluation), but you are responsible for the final decision.

A patient, in coming to an Acupuncturist, gives the Acupuncturist the permission and authority to care for the patient in accordance with Acupuncture analysis and guidelines. Acupuncture treatments, including needle insertion, and adjunctive clinical procedures are considered to be safe and conservative treatment. These forms of treatment are usually safe and conservative treatment. These forms of treatment are usually beneficial and seldom cause any problems, however, in rare instances a patient may experience some pain or minor bruising at the site of needle insertion, mild nausea during or after treatment, and there is also an extremely remote possibility of a broken needle. (If this should happen, the appropriate specialist would be consulted immediately to remove the needle). The Acupuncturist, of course, will not render acupuncture service in cases where it would be inappropriate. The Acupuncturist provides a specialized, non-duplicating health service. The Acupuncturist is licensed in a special practice and is available to work with other types of providers in your health care regime.

Mark S. Ensweiler, D.C., L. Ac. is duly licensed in the state of Wisconsin to practice as a Chiropractor and Acupuncturist. He is certified as a National Board Diplomate in both Acupuncture and Chinese Herbal Therapies by the N.C.C.A. (National Commission for the Certification of Acupuncturists).

*Low level (wattage) laser therapy is a safe and relatively simple treatment modality used with or as a substitute for acupuncture needles. This treatment involves the use of low powered red light to be utilized over specific acupuncture points on the body. It must be understood that while this device is currently considered as experimental by the F.D.A., there are no known risks associated with this device except for the potential risk of eye injury if the beam was directed into the eye and stared at for a prolonged period of time.

**Medicinal/therapeutic herbs are utilized for the restoration and maintenance of health and are prescribed as bulk formulas for teas, pills/capsules, powders, and liquid tinctures. Only time-tested and GRAS (generally regarded as safe) herbs are utilized or recommended at this office.

Please feel free to discuss any questions or concerns you may have with the Doctor/Acupuncturists before signing this statement of policy.

I have read and understand the foregoing.

Signature (Parent or guardian if a Minor)

Date



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Name

Date

Financial Agreement

I have read and signed the payment policy sheet and understand the financial responsibilities that I have undertaken in receiving professional health care services at Lotus Healing Arts. The services rendered to me (or _____, under 18 years old) will be compensated by:

_____ I will be paying (cash, check, Visa/MasterCard) on the same day that I receive these services.

_____ I have private health insurance that will reimburse for a portion of the professional fees. I have checked my policy and know that specific professional chiropractic and acupuncture services are covered. (We need a copy of your card.)

_____ I have not yet met my deductible for this year and will be paying 100% for services rendered, at the time of service, until my deductible has been met in full and other arrangements are made.

_____ My policy may pay for a percentage of professional services offered. I will pay the remaining percentage that I am responsible for at the time services are rendered. This percentage is _____.

_____ I have been involved in a reported and documented work-related injury while on the job and will be or have filed a Workmen's Compensation claim. The insurance carrier is responsible for professional services.

_____ I have been involved in an automobile or personal injury accident where my insurance company (or the other party(s) involved will be reimbursing Lotus Healing Arts directly upon receiving current billing and clinical documentation.

_____ I have consulted with an attorney and my medical/chiropractic bills will not be reimbursed until there is a final settlement.

_____ I am under Medicare-Part B. I agree to pay for professional services rendered and will be reimbursed for chiropractic services directly from Medicare.

_____ Additional services not covered by Medicare will be paid at the time services are rendered.

_____ I am not paying for professional services rendered at the time of service, in full, for the following reasons:

_____ If so, how and when would I plan on paying for professional services rendered at Lotus Healing Arts?

_____ I understand that unpaid balances at Lotus Healing Arts (beyond 45 days) will be charged interest at the rate of 1-1/2% per month, unless other arrangements have been made. Please note that all nutritional and herbal supplements supplied through Lotus Healing Arts are payable when picked up at our office.

_____ Patient/Client

(Parent or guardian if under 18 years old)

_____ Date



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Mark Ensweiler, D.C., L. Ac. • Charity Millard, D.C.
Debrah Ensweiler, Ms. T.
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Professional Fees, Insurance, and Payment Policies

The fees charged in this office are comparable to those charged by other specialists with similar qualifications in this geographic area. As certified and licensed health care providers, our fee structure is based on the types of services rendered and the amount of time that is spent with each patient/client to render a particular service or procedure.

Ideally, payment for health care services and recommended supplements or supplies at our office is an expression of an investment in one's health and well-being and, while we accept a wide variety of insurance plan payment options, not all people have insurance policies that will pay for the health care services and products rendered to you at Lotus Healing Arts. If you have an insurance plan that will reimburse for part or all of the services rendered at our office, we are happy to do all of the necessary paperwork for you. If you do not have options to receive insurance re-imbursement, you will be expected to pay for professional services rendered at the time of your visit. We accept cash, personal check, Visa and MasterCard. If you cannot pay for services rendered at the time of the visit, please let us know ahead of time what your plans are for payment for services. To avoid misunderstandings, we invite early discussion of financial problems or questions regarding fees, payment from insurance carriers, etc. We offer certain discounts for same-day payments, senior citizens, and a sliding-fee scale for those with current and proven financial hardships.

The highest quality health care can be provided only on the basis of mutual understanding. We, therefore, encourage our patients and clients to discuss any questions that you might have regarding our policies.

At our office we accept assignment for a number of health and auto accident policies and for all workmen's compensation injuries that have been appropriately reported to one's employer. If you would like your health insurance to cover all or part of your fees, you will need to first check with your plan and/or insurance representative to see what your actual coverage is and the status of your deductible, if any.

Patients who have health insurance need to know that professional services are rendered and charged to the patient and not to the insurance company, unless your particular policy involves a "managed care" contract (PPO, HMO, etc.) and this office has contracted with that insurance company to accept their payment as complete and full.

Insured patients are expected to take care of their fees as services are rendered unless previous arrangements have been made. This would include timely payments for unmet deductibles, co-insurance payments, etc. It is important that you understand the provisions of your insurance policy/plan. We cannot guarantee payment of your claims. If your insurance company pays only a portion of the bill or rejects your claim, this does not relieve the financial obligation to our office that you have incurred. (Exceptions to this rule might be seen, however, with various "managed care", PPO, HMO contracts that this office has contracted with.)

Our office does participate with Medicare and Medicaid for the professional services that they cover. We have a senior citizen discount rate and payment is due as services are rendered unless other arrangements are made. We perform all the necessary paperwork for Medicare re-imbursment at no extra charge to you and they will re-imburse you, the patient, directly.

Our office location, staff, and equipment are chosen to provide you with quality health care services in a pleasant and efficient atmosphere. Should you have any questions with regards to our services, credentials, fees, etc., please let us know. Our ultimate goal is to provide appropriate professional health care services to you in a personal and individual manner and we invite any questions that you may have.

I have read and understand the above mentioned policies and procedures.

Patient (Parent or guardian if under 18 years old)

Date

Witness



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DOCTOR-PATIENT RELATIONSHIP IN CHIROPRACTIC

INFORMED CONSENT

CHIROPRACTIC

It is important to acknowledge the difference between the health care specialists of Chiropractic, Osteopathy and Medicine. Chiropractic health care seeks to restore health through natural means without the use of medicine or surgery. This gives the body maximum opportunity to utilize its inherent recuperative powers. The success of the Chiropractic Doctor's procedures often depends on environment, underlying causes, physical and spinal conditions. It is important to understand what to expect from Chiropractic health care services.

ANALYSIS

A Doctor of Chiropractic (D.C.) conducts a clinical analysis to determine whether there might be evidence of structural problems/imbalance in the human body. These include: vertebral and extremity joint fixation/subluxation complexes, myofascial trigger points & myofascial pain syndromes, muscular and joint nerve entrapment syndromes, and structural distortions that manifest as postural imbalances and the above mentioned problems. When these types of complexes are found, Chiropractic adjustments & myofascial therapies and other ancillary procedures may be utilized in an attempt to restore structural alignment allows for proper nerve transmission throughout the body and gives the body an opportunity to use its inherent recuperative powers and that structure and function can often be inter-related in the human body. Due to the complexities of nature and the nature and state of each patient's health status, no doctor can promise you specific results. This depends on a wide ranges of factors including the inherent recuperative powers of the body.

DIAGNOSIS

Although Doctors of Chiropractic are experts in Chiropractic diagnosis involving various types of structural disorders and spinal alignment, they are not internal medical specialists. Every Chiropractic patient should be mindful of his/her own symptoms and should secure other opinions if he/she has any concern as to the nature of his/her total condition. Your Doctor of Chiropractic may express an opinion as to whether or not you should take this step, but you are responsible for the final decision.

INFORMED CONSENT FOR CHIROPRACTIC CARE

A patient, in coming to the Doctor of Chiropractic, gives the Doctor permission and authority to care for the patient in accordance with the Chiropractic tests, diagnosis and analysis. The Chiropractic adjustment or other clinical procedures are usually beneficial and seldom cause any problem. In rare cases, underlying physical defects, deformities or pathologies may render the patient susceptible to injury. The doctor, of course, will not give a Chiropractic adjustment, or health care, if he/she is aware that such care may be contra-indicated. Again, it is the responsibility of the patient to make it known or to learn through health care procedures whatever he/she is suffering from: latent pathological defects, illnesses, or deformities which would other wise not come to the attention of the Doctor of Chiropractic. The patient should look to the correct specialist for the proper diagnostic and clinical procedures. The Doctor of Chiropractic provides a specialized, non-duplicating health service. The Doctor of Chiropractic is licensed in a special practice and is available to work with other types of providers in your health care regime.

RESULTS

The purpose of Chiropractic services is to promote natural health through the re-alignment of the spine, joints, and muscles. Since there are so many variables, it is difficult to predict the time schedule or efficacy of the Chiropractic procedures. Sometimes the response is rapid.

In most cases, there is a more gradual, but quite satisfactory response. Occasionally, the results are less than expected. Two or more similar conditions may respond differently to the same Chiropractic care. Many medical failure find quick relief through Chiropractic. In turn, we must admit that conditions which do not respond to Chiropractic care may come under the control or be helped through medical science. The fact is that the science of Chiropractic and medicine may never be so exact as to provide definite answers to all problems. Both have great strides in alleviating pain and controlling disease.

TO THE PATIENT

Please discuss any questions or problems with the Doctor **before** signing this statement of policy.

I have read, and understand the foregoing.

DATE

SIGNATURE

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

By signing this form, you acknowledge that *Lotus Healing Arts* has given you a copy of its Privacy Notice, which explains how your health information will be handled in various situations. We must try to have you sign this form on your first date of service with us. This includes the situation where your first date of service occurred electronically.

If your first date of service with us was due to an emergency, we must try to give you this notice and get your signature acknowledging receipt of this notice as soon as we can after the emergency.

I have received Lotus Healing Art's Privacy Notice.

Print Name

Unique Identifier

Patient's Signature

Date

For office use only:

Patient Name: _____

Medical Record #: _____

Date of Admission: _____

Filed electronically: ☐ Yes ☐ No

Forward completed form to HIS to file in patient's chart: ☐ Yes ☐ No

[Name of Covered Entity] staff should complete if Acknowledgement Form is not signed:

1. Does patient have a copy of the Privacy Notice? ☐ Yes ☐ No

2. If you answered "No" above, please explain why the patient did not sign an acknowledgement form and [Name of Covered Entity] efforts in trying to obtain the patient's signature (check all that apply):

- ☐ Patient Unable to Comprehend ☐ Patient/Legal Representative Left before Signature Obtained
☐ Patient Communication Barrier ☐ Emergency Admission/Patient Not Present for Registration
☐ Legal Representative not Available ☐ Patient bypassed Registration – Not Available
☐ Other: _____

3. Completed by:

Workforce Member Signature

Title

Date