

**Alpine Acupuncture, LLC**

628 NW York Drive, Suite 104  
Bend, Oregon 97701  
(541) 330-8283

**Steven A. Foster-Wexler, LAc**

State License #AC00762  
Tax ID# 20-0452417

**WELCOME!**

Thank you for choosing Alpine Acupuncture, LLC for your health care needs. The purpose of Alpine Acupuncture, LLC is to work together with each individual in achieving their optimum health. We look forward to resolving your health concerns and providing for your health needs, emphasizing health maintenance and preventative care. Oriental Medicine, which includes Acupuncture, Chinese Herbs, Tuina (Chinese Therapeutic Massage), Qigong (Exercise Therapy), and Chinese Dietary Counseling, offers an approach that both may differ from and is very complimentary to other forms of medicine. We refer to and work closely with physicians, medical specialists, and other complimentary practitioners to accomplish our stated purpose.

In order to serve you properly we will need the following information. Please print and answer all questions completely. All information will be kept strictly confidential.

Name: _____	SS#: _____
Home Address: _____	City: _____
State: _____	Zip: _____
Home Phone: _____	DOB: _____
Cell Phone: _____	Age: ____ Sex ____
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed	Email: _____
Employer: _____	Occupation: _____
Work Address: _____	Phone: _____
Emergency Contact: _____	Relation: _____
Referred by: _____	Phone: _____
	Relation: _____

By signing below, I do hereby voluntarily consent to be treated with acupuncture by Steven A. Foster-Wexler, Licensed Acupuncturist at Alpine Acupuncture, LLC. I understand that acupuncturists practicing in the state of Oregon are not primary care providers and that regular primary care by a licensed physician is an important choice that is recommended by Alpine Acupuncture, LLC. I understand that Alpine Acupuncture, LLC requests that all patients have a primary care provider as part of a comprehensive care program and that all patients provide medical records from this provider upon request.

I Understand that Alpine Acupuncture, LLC uses only single use, sterile, disposable needles and that acupuncture is performed by the insertion of needles through the skin or by the application of heat to the skin (or by both) at certain points on or near the surface of the body in an attempt to treat bodily dysfunction or diseases, to modify or prevent pain perception and to normalize the body's physiological functions. I have been made aware that certain adverse side effects may result. These could include, but are not limited to: local bruising, minor bleeding, fainting, temporary pain or discomfort, and the possible temporary aggravation of symptoms existing prior to acupuncture treatment.

I am also aware that acupuncture is licensed in Oregon and many other states, has been safely practiced for centuries, and is classified as a medical procedure by the FDA. I understand that no guarantees concerning its use and effects are given to me, and that I am free to stop acupuncture treatments at any time.

I have carefully read and understand all of the above procedures, alternatives, and risks and I have had an opportunity to ask questions. I am fully aware of what I am signing and give my consent to treatment.

\_\_\_\_\_  
*Signature of Patient or Legal Guardian*

\_\_\_\_\_  
*Date*