

**Dennis W. von Elgg Acupuncture
American Acupuncture Center
510-883-1340**

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Patient Information

Fees

Initial Visit - \$120 Subsequent visits - \$75

Currently only cash and checks are accepted.

Insurance

This office does not bill private insurance companies directly. We can provide you with a receipt that you can send to your insurance company for reimbursement.

We do bill Med Pay directly.

Note: This office is not a participating member of any managed care plans.

Cancellation Policy

LESS THAN 24 HOURS NOTICE will be billed at 50% of the acupuncture fee the first time and 100% thereafter. *Your appointment time is reserved. If you miss your appointment, others who desire that appointment time cannot be served.* Fees for missed appointments are NOT covered by insurance. Please be on time. Try to call if you are running late so that we can make every effort to reschedule you for a later time.

How should I prepare for my appointment?

Because the tongue is routinely examined as part of Chinese diagnosis, please do not brush the tongue or discolor it with hard candy, cough drops, tea or coffee within three hours of your appointment.

For best results from your acupuncture treatment, eat moderately within three hours of your treatment. Please do not come on an empty stomach or overly full.

Feel free to bring a food journal of the prior several days if you would like to focus on diet from a Chinese medical perspective.

What should I wear?

Loose clothing is best, especially with pants. If it is necessary to remove constrictive clothing, sheets are available for coverage.

Should I avoid anything after acupuncture?

Avoid strenuous activity, baths, hot tubs and preferably any strong substances such as nicotine or alcohol for three hours after the treatment. Soup or a warm cup of tea is very good after a treatment.

Will I get Herbs?

Most patients are prescribed herbs in one form or another. Chinese herbs are usually in the form of pills, powders, liniments, plasters or raw, which are boiled into a decoction. We will discuss which type is best for you in terms of efficacy and preference.

If I have a Cold or Flu, what should I do?

Please do not cancel your appointment if you are feeling under the weather or even contagious. In fact, don't wait until your next appointment. Call so you can get help over the phone or be seen if necessary. The sooner a cold or flu is treated, the better it responds.

Dennis W. von Elgg is a California State Licensed Acupuncturist and a nationally certified Diplomate in Acupuncture with a practice in Berkeley. He also is a member of the California State Oriental Medicine Association. Dennis is a faculty member at The American Integrative Medicine College in Berkeley where he teaches classes in Acupuncture and Chinese Herbology. Dennis earned his Master of Science in Traditional Chinese Medicine from the American College of Traditional Chinese Medicine in San Francisco. He has worked and studied at the Chengdu University of Traditional Chinese Medicine Hospital in China. He and his son Teo live in Berkeley.

PATIENT REGISTRATION FORM

Dennis W. von Elgg Acupuncture

Last First Middle

Street

City State Zip

Home Phone Work Phone Email Address

Date of First Visit: _____ Date of Injury: _____

Chief Complaint or Reason for Coming Here: _____

Date of Birth: _____ Age Today: _____

Place of Birth: _____
City State Country

In an emergency please contact: _____ Phone: _____

How did you hear of this clinic? _____
(If one of our patients referred you, please give name)

Currently Employed? Y N Occupation: _____

Employer: _____
Name Address

Who is responsible for charges at this office? If other than yourself, please state:

Full Name Phone

Address

City State Zip

Claim # _____ Adjuster: _____

Please place an "X" by all that you are currently experiencing, a "~" occasionally experiencing, and a "P" experienced more than a year ago:

WATER

- hearing loss
- dizziness
- low back/neck pain
- sinus congestion
- edema
- darkness under eyes
- unstable emotions
- aversion to cold
- thinning hair or loss
- premature aging
- frequent urination
- kidney stones
- perspires easily
- weak legs and knees
- asthmatic cough
- rapid weight change
- loose teeth
- reduced sex drive
- thyroid problems
- diabetes
- hot palms and soles
- excess fear

FIRE

- dry scalp
- rashes/skin eruptions
- cysts/tumors
- ear infections
- sore throat
- lymphatic swelling
- anxiety
- heart palpitations
- aversion to heat
- bitter taste
- gum problems
- nose bleeds
- facial redness
- itching/burning skin
- high thirst
- insomnia
- vivid dreams
- nightsweats
- dark or red urine
- chest pain/pressure
- tongue sores

WOOD

- headaches
- migraines
- ringing in the ears
- poor eyesight
- dry/irritated eyes
- eczema
- shingles
- herpes
- warts
- irritability
- nervousness
- indecisiveness
- spasms/convulsions
- constipation
- hemorrhoids
- hepatitis
- ulcers
- vomiting
- gallstones
- fullness below ribs
- tense shoulders/neck
- insomnia

EARTH

- indigestion
- belching
- food allergies
- stomachache/ulcers
- diarrhea
- anemia
- bad breath
- mouth sores
- heartburn
- prolapsed organs
- strong/weak appetite
- nausea
- abdominal bloating
- low body weight
- excess body weight
- rumination

METAL

- bronchitis
- pneumonia
- asthma
- shallow breathing
- cough
- sinus congestion
- nasal infection
- hayfever/allergies
- respiratory problems
- frequent colds & flus
- sadness

OTHER

- fatigue
- arthralgia
- cold hands/feet
- tendinitis
- bursitis
- joint pain
- genital problems
- urinary tract infection
- anal fissures

Contagious Diseases

Others not listed:

WOMEN'S HEALTH INTAKE FORM

At what age did you start menstruating? _____

What is the length of your cycle? _____ How many days does the blood flow? _____

I would describe my flow as:

Light ___ Medium ___ Heavy ___ Irregular ___

What color is the blood?

Bright Red ___ Dark Red ___ Pale Red ___ Purplish ___ Brownish ___

Are there any clots? _____ If yes, approximate size _____

What symptoms do you experience:

Before your period? _____

During your period? _____

After your period? _____

During ovulation? _____

How many times have you been pregnant? _____

How many deliveries? _____

Past gynecological conditions, including when:

Current gynecological conditions:

If you are here for fertility enhancement please continue:

How long have you been trying to get pregnant? _____

Western fertility tests performed _____

Findings of tests _____

Methods of contraceptives used and when _____

Fertility drug history _____

Age of husband/partner/donor _____ If donor, is sperm fresh or frozen _____

Pertinent fertility assessments of husband/partner _____

Method (s) of fertilization (natural, IUI, Vaginal, IVF, etc.) _____

