



Acupuncture, Shiatsu, and Oriental Medicine of New England, LLC
(860) 739-5102 • (860) 739-1844 fax • ASOMNE@OldPineTree.com

David R. LoPriore Sensei, L. Ac.
Clinical Director, Licensed Acupuncturist

Sean Going, MAcOM, L. Ac.
Licensed Acupuncturist, Herbalist

www.OldPineTree.com

Latimer Brook Commons Unit 107 • 339 Flanders Road • East Lyme, CT 06333

Dear New Patient,

Thank you for choosing our unique clinic for your Oriental Medicine treatment. If this is your first such treatment, welcome to the world of acupuncture, Asian bodywork and herbal therapy. Our clinic, as you will see in the enclosed literature, is uniquely qualified to help you alleviate symptoms and go far beyond. We will help you to cultivate a balanced life, aligned once again with nature. In your first visit with your practitioner, he will spend at least an hour and a half assessing your constitution and physiology according to traditional Asian medicine principles. This assessment may include a form of traditional pulse diagnosis, which will take at least twenty minutes.

Your practitioner will be discussing all of the aspects of your medical history, physiology, emotions, relationships, stress, diet, rest, work, and lifestyle, which may contribute to the pattern of disharmony you have come to be treated for. Through the treatment process, your practitioner will teach you many techniques for generating a healthier lifestyle, and eliminating toxic habits, in order to help you to live a longer, happier, healthier life.

After a comprehensive Asian medicine diagnosis is made, your practitioner will recommend a modality or modalities that he expects to yield the best therapeutic effects for you. Your treatment options may include acupuncture, lifestyle coaching and counseling, Asian bodywork, herbs and liniments, energy cultivation exercises, meditation practices, hand-reflexology, auricular therapy, and other modalities, and will always be part of a comprehensive, well-thought-out treatment plan designed to give you the maximum holistic benefit. Your practitioner is committed to helping patients become as healthy as they are willing to be. Daily holistic wellness practices such as energy cultivation exercises and meditation practices, if indicated, allow for patients to be empowered with the self-discipline and skills to maintain holistic health throughout the rest of their life. These practices are augmented by daily mindfulness in areas such as sleep and rest, breathing, diet, water intake and keeping a positive mindset.

Sensei LoPriore and Mr. Going spend more time with their patients than many practitioners. Due to the successful treatments for thousands of patients at ASOMNE over the last 20 years, there may be a waiting list for new patients to get started; if so, we apologize, but rest assured you will get the highest quality care once you are seen. If you need to cancel your appointment, please do so with at least 48 hours' notice to let other patients use the time we have allotted for you. Please understand that patients who do not cancel with at least 48 hours' notice may be charged for the time we had allotted them.

Please complete the enclosed intake form as thoroughly as possible. Well thought-out answers, especially on pages 5 and 6 are essential to a quality diagnosis. Please write down and bring in a list of all of the medications, herbs, supplements, or drugs you're taking, prescription or otherwise, so your practitioner can make an accurate assessment of herbal supplements you can take safely. What you list or don't list will affect the evaluation of your pattern of disharmony, and your practitioner's ability to help you. Many patients prefer to

bring their own loose, comfortable pair of shorts to wear during treatment. We recommend you eat a light meal or snack before your appointments with us, but drink *no caffeine* and refrain from eating anything spicy, hot, or anything that will affect the color of your tongue on the days we see you.

Following your first treatment, it is best if you do not immediately return to work or any other busy, stressful environment. You will likely experience optimal results by providing yourself adequate time after treatment. We recommend at least two hours of personal time following your treatment, if possible.

Our office is immediately off Rt. 95's Exit 75, where Rts. 95 and 395 meet in East Lyme. If you're coming from the Waterford/New London area or east, take 95 south Exit 75, go straight off the ramp and turn left into Latimer Brook Commons, just before the light. If you are coming from the Norwich area or north, take Rt. 395 south until it merges with Rt. 95. Take Exit 75, go straight off the ramp and turn left into Latimer Brook Commons, just before the light. If you're coming from the Old Lyme/ Old Saybrook area or west, take Rt. 95 north to Exit 74, take a left off the ramp and look for Latimer Brook Commons just before the first light, on the right. If you are coming from other parts of Connecticut, or out of state, please see our web site at www.OldPiineTree.com for customized directions from your home. Please be here 15 minutes before your scheduled appointment.

Thank you again for your interest in quality holistic wellness treatment.

Be Well, Body, Mind, and Spirit,

The ASOMNE Office Management Staff



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Acupuncture, Shiatsu, and Oriental Medicine of New England's practice of Asian medicine utilizes five major methods to help patients cultivate enduring holistic wellness. Rapid interventions versus symptoms are wonderful, but they do nothing to cultivate the inner strength of the patient. All of our treatment modalities address both the presenting symptoms and the need to cultivate holistic wellness. Inner Tradition Oriental Medicine has five major modalities, which are described below. At ASOMNE, we practice all five of these healing arts. We are proud to be one of the few elite Asian Medicine clinics in the world to offer all five modalities. Whichever specific combinations of these therapies and teachings a patient needs, based on who they are and where they are, we present them with wisdom and compassion.

Zhenshu • Acupuncture

Acupuncture is believed to predate written record and has been traced back 5000 years. It has been used effectively and documented for ages. Acupuncture is a technique for accessing and circulating the body's vital life energy through the many meridians or pathways that map the entire body inside and out. This energy is accessed via points on the surface of the body using hair-thin needles. All of our needles are factory-sterilized and used only once to eliminate the possibility of cross-infection. The effects of acupuncture reach into both the dense and subtle places within, touching the mind and spirit, as well as the muscles and tissues. It is a gentle healing practice aimed at restoring balance to the root of the individual, returning harmony to body, mind and spirit. It is this very holistic approach that makes acupuncture so powerful and effective at treating a myriad of diseases.

At ASOMNE, we practice both Five-Element and Eight-Principle styles of acupuncture. This clinical integration is offered by less than 1% of the acupuncturists in the world. Eight Principle style is exceptionally effective at helping restore balance and alleviate pain in the physical body. Five Element style is capable of reaching patients at the depths of their mind, emotions, and spirit, by treating their innate and acquired constitution. In this way we help restore a patient's connection to their authentic nature, assisting them to drop very old sublimated emotional material. It is this toxic stagnation, stored in the body by the mind, which prohibits patients from truly releasing the habits which caused their manifest disease in the first place.

Shiatsu and Tuina • Asian Bodywork Therapy

Shiatsu and Tuina are two excellent forms of Japanese and Chinese Medical Massage, respectively. These forms of Asian Bodywork Therapy work to effectively assist in manners which may be subtle or direct, depending on the particular needs of an individual. While most patients find both Shiatsu and Tuina to be very relaxing, the focus is constantly on improving the overall health of a patient, and utilizes the comprehensive knowledge of Oriental Medicine to increase health benefits and rewards to each patient. We have treated patients who need deep or vigorous massage, as well as patients who can only tolerate a superficial touch and in both cases patients have seen great results. Our application of Asian Bodywork Therapy includes *sotai-jutsu* (the skeletal re-alignment techniques that Chiropractic came from), *ampuku* (abdominal massage and diagnosis), gentle stretching, joint articulation, and holding techniques as well as many other methods. The myriad techniques available are a perfect complement to- or replacement for acupuncture in several specific situations: in pediatric cases, where children can't tolerate needles or when adults are afraid of needles. Most often, bodywork is used in conjunction with acupuncture, often in the same treatment session, to move stagnation or tension in a much more direct and gentle way. Bodywork and acupuncture often work synergistically, nourishing patients in ways that neither might be capable of alone.

Yiyao • Herbal Medicine

Chinese herbs have been used as medicine for more than 2500 years. The application of Chinese herbal formulas is an art that draws on a strong foundational knowledge of Chinese Medicine theories. These theories are ancient ways of understanding the microcosm of the body through the macrocosm of the natural world. Herbal formulas are prescribed taking into consideration constantly shifting internal and external climates of the body. In doing so, patients taking Chinese herbal formulas are able to avoid side-effects that are typically found when taking western pharmaceuticals. Chinese herbs meet the body as food does and support it in finding its own inner balance. Herbal medicine restores harmony and regulates the subtle energies of the body, mind, and spirit, while at the same time helping the body to normalize the more dense fluids and tissue within.

Chinese herbal formulas come in several forms: pills, capsules, liquid concentrates (called tinctures), powders (called granules), and loose herbs. The most popular ways of consuming herbs are pills, capsules and tinctures. These are most popular because they integrate well with a patient's busy life style. In order to serve you best, ASOMNE has a full herbal pharmacy. We prescribe only what you need to restore balance and harmony. Dosages are different from individual to individual and from formula to formula. Herbal medicine, as with all Chinese medicine practices, is not meant to be a lifelong treatment, but a life altering transition. Herbs help one transform his or her experience of imbalance to an experience of self-discovery and well-being.

Shorei • Counseling

The rare and beautiful *Kosho Shorei Ryu* Tradition is a 22-generation old Japanese Warrior-Monk lineage. The zenith of this comprehensive art is the encouragement of holistic self-cultivation. The practitioner of Kosho Shorei encourages each patient using life lessons which allow each individual to get wholly out of their own way by understanding the principles of natural law. These methods are grounded in traditional 5 Element theory, which helps each individual answer the questions: "Who am I?" and "What is my destiny?" These may not seem like medical questions, but the truth is that they are at the core of every symptom ever experienced by any patient. When a patient drops their story about who they are and how life works, and chooses to follow the path aligned with natural law, suffering in life becomes completely unnecessary. Kosho Shorei is the method by which we can help patients heal at the deepest possible level.

Neigong • Internal Cultivation Exercises

ASOMNE's associated school, Bushidokai, offers classes on *Neigong* (Internal Cultivation), *Qigong* (Energy Cultivation), and *Tai Chi* (Grand-Ultimate Method of Directing Internal Life-Force Energy). Basic but specific therapeutic instruction is offered to patients, and on a deeper level to regular students. One of the primary forms taught is White Cloud Monastery Neigong. This rare and beautiful form holds the potential for amazing transformational benefits. It not only helps patients to cultivate the Qi (life-force energy), but also balances and nourishes the mind and spirit, and replenishes the deepest reserves of Jing-essence. The daily practice of these highly potent and transformative exercises holds the potential to make the most committed patients able to erase many toxic habits, and enter a path of truly balanced living. As practitioners, we seek to make patients strong enough that they no longer need treatment, through having cultivated a lifestyle that fosters the self-perpetuation of enduring holistic wellness. This path, aligned with the principles of nature, often includes meditation practice as well, and allows one to gain the deepest benefits from his healing experiences.



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Sensei David LoPriore, L.Ac. Practitioner Biography

Sensei David LoPriore, L.Ac., our Clinical Director, has been practicing Asian medicine since 1990. The ancient Japanese warrior-healer-philosopher tradition **Kosho Shorei Ryu** that Sensei LoPriore teaches offers a profound vehicle to holistic self-cultivation for his patients and students. Using a clinical integration of Kosho Shorei Ryu studies (most often meditation and energy cultivation exercises), combined with Five-Elemental Constitutional and psychological medicine, Eight-Principle medicine, and advanced Chinese pulse diagnosis; Sensei LoPriore specializes in the treatment of pain and other disorders *in the context of the cultivation of holistic wellness*. In short, he helps patients see how their symptoms are linked to their self-conception, and ability to process and digest life's experiences. He works frequently with mental-emotional, pediatric, female, musculoskeletal and internal disorders, and all sorts of pain syndromes and physical imbalances. But, Sensei is nationally known for his work in truly holistic behavioral medicine, which unties entrenched symptoms derived from subtle patterns of thought, lifestyle and behavior. He practices all five of the major modalities of Asian medicine: counseling, acupuncture, shiatsu-style bodywork therapy, energy cultivation exercises, and herbology. This comprehensive integration of Asian healing arts allows him great clinical efficacy, even in very difficult acute or chronic cases. He works with many local medical doctors and other practitioners to ensure patients have the best healthcare team available to them.

Sensei LoPriore teaches seminars nationally, locally and at Bushidokai Dojo, the school associated with our clinic. He is the twenty third generation Kai Cho (Headmaster) of *Kosho Shorei Shin Kai*, an organization he founded in 2004 to spread the healing arts, philosophies and techniques of the ancient Japanese art of Kosho Shorei Ryu here in the United States. Sensei LoPriore began his Asian medicine training with *Seifukujitsu* Japanese massage, a style that is highly effective for athletes, especially in the areas of both pro-active and curative care of sports injuries. This style and many other Japanese bodywork therapies he has studied help Sensei to bring unique skills and experience to care for people with any kind of musculo-skeletal pain, especially those deriving from motor vehicle accidents and sports injuries. He began his practice of shiatsu (Japanese acupressure and bodywork therapy) and herbal therapy in 1992. This work, combined with over twenty five years' practice of Asian martial arts, energy cultivation exercises and meditation, allows him to have unique "energy-medicine" skills, and mindfulness-based intuition into patients' physical and non-physical imbalances, which makes his acupuncture unique, gentle yet powerful, and highly effective.

Sensei began his acupuncture training in 1995, with an apprenticeship with Dr. Yu-Chen Jiao, a master acupuncturist and herbalist, who is also a world-famous orthopedic and neurological surgeon from China. This Traditional Chinese Medicine (TCM or "Eight Principle Medicine") training gave him deeper and more comprehensive skills in the physical medicine of the internal (organic) and external (musculo-skeletal) systems. After a 4,000-hour apprenticeship with Dr. Jiao, Sensei LoPriore passed the National Certification Commission for Acupuncture and Oriental Medicine's board exams, and became a Licensed Acupuncturist in the State of Connecticut. Another significant aspect of his training was a two year, in-depth course with Lonny Jarrett, L.Ac., who has written two of the most significant books on Chinese medicine in the English language. The second of those, *The Clinical Practice of Chinese Medicine*, was edited partially by Sensei LoPriore and features his Chinese brush-calligraphy. The course with Mr. Jarrett offered an integration of Five Element style constitutional medicine, Eight Principle medicine, and Dr. John Shen's in-depth tradition of Pulse diagnosis.

As Kosho Shorei Shin Kai Headmaster, Sensei LoPriore is the senior physician-level practitioner of Kosho Shorei Ryu medicine in the U.S. He has taught many practitioners the Kosho Shorei healing arts. In 2011, he is happy to welcome the only other physician-level practitioner of this medicine, Sean Going, MAcOM, L.Ac. to his practice at ASOMNE. Sensei's wife Cheryl, a Kosho Shorei Ryu student of over twenty-five years, practices therapeutic movement training and philosophy working with children and adults with special needs. Sensei is available for free 15-minute consultations. Please call 860.739.5102 to make your first appointment!



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Sean Going, MAOM, L.Ac. Practitioner Biography

Sean Going, MAOM, L.Ac is passionate about using Asian Medicine to assist his patients as they discover vitality of mind, body and spirit. He also works to promote and manifest consistent joy and health through life's "ups and downs".

His background in mental healthcare, coupled with his studies in both spiritual and religious themes, greatly enrich his practice of Asian Medicine and enable him to treat patients on multiple levels beyond managing only their symptoms.

Sean began his career in healthcare working as a clinical case manager for adults diagnosed with severe and persistent mental illnesses. During his years as a case manager, he began studying Kosho Shorei Ryu at Bushidokai Traditional Martial Arts, under the tutelage of Sensei David R. LoPriore; it is here he began his lessons in the Asian healing arts.

In 2007, he entered his graduate studies as a fulltime Masters Candidate at the Arizona School of Acupuncture and Oriental Medicine (ASAOM). In 2009, he completed ASAOM's optional Tuina Chinese Medical Bodywork program and was certified as a practitioner of Tuina (Traditional Chinese Medical Massage).

In 2010, Sean completed ASAOM's Masters in Acupuncture and Oriental Medicine, a comprehensive, fulltime, four-year program (condensed into three years) for Acupuncture and Chinese Herbs. At graduation, Sean was awarded special recognitions of "Highest Distinction" for academic achievements and presented with ASAOM's Outstanding Leadership Award.

Following his graduation, Sean elected to travel to Haikou, China where he served as a full-time Resident Doctor of Traditional Chinese Medicine. There, at the Haikou Traditional Chinese Medicine Hospital he witnessed or assisted in over 2,600 treatments.

He has assisted patients with a large variety of concerns, including, but not limited to, anxiety, depression, other mental health conditions, pain, digestive disorders, menstrual irregularities, menopause, headaches, fatigue, relationship challenges, physical and emotional trauma, and more. His patients have ranged from the ages of 16 months to 96 years.

Professional and approachable, Sean looks forward to spending his time with you to both help and encourage you in your journey to find the healthiest and happiest expressions of who you are.

Know Your Acupuncturist

Practitioners whose educational focus is in Acupuncture & Oriental Medicine receive approximately 80% of their training exclusively in this field, and undergo an extensive clinical internship averaging 3 years. Other healthcare practitioners may use acupuncture, which is one of the many therapies of Oriental Medicine, as an adjunct to their primary practice, with or without any education or training! While both kinds of practitioners also have training in western medical sciences, this chart is designed to illustrate the varying levels of acupuncture training generally undertaken by healthcare professionals. *Authentic* acupuncture can only be administered by a practitioner who has specific training in this field, otherwise, patients risk improper or harmful needling technique, inadequate or no understanding of Oriental medical diagnostic procedures, transmission of disease, actually having new disharmony caused through treatment, or ethical misconduct. Ask for a Licensed Acupuncturist only, when you seek a qualified expert in the field!

Amount of Training in Acupuncture	Practitioner
<p>1363 hours to 4000 hours in Acupuncture (or 2000-3000 hours in Oriental Medicine)*</p> <p><i>Licensed Acupuncturist Kosho Shorei Ryu Energy Medicine Physician-level Practitioner Traditional Chinese Medicine Comprehensively-trained Acupuncturist Oriental Medicine Practitioner Oriental Medical Acupuncturist</i></p>	<p>Typically a Licensed Acupuncturist (L.A.c.) or Registered Acupuncturist whose primary training is in Acupuncture and/or Oriental Medicine, and has:</p> <ul style="list-style-type: none"> (a) Has completed a clinical apprenticeship of at least 4,000 hours, and/or (b) Obtained a 3 to 4-year master's level degree or diploma from a school approved by ACAOM (Accreditation Commission for the Acupuncture & Oriental Medicine), and (c) is awarded the Dipl.Ac. (Diplomate in Acupuncture) designation upon successful examination by the NCCAOM (National Commission for the Certification of Acupuncture & Oriental Medicine) which is the national standard used for licensing in most states ** <p>- Treatment by these professionals can address a broad range of health issues, including chronic disease, pain, mental-emotional disorders, internal medicine, holistic wellness and prevention based on Oriental medical theory.</p>
<p>300 hours or less</p> <p><i>Medical Acupuncture Meridian Balancing/ Therapy Chiropractic Acupuncture Naturopathic Acupuncture</i></p>	<p>Typically a medical doctor, osteopath, naturopath, or chiropractor who uses acupuncture as an adjunctive therapy; the World Health Organization (WHO) recommends that medical doctors have 200 hours of training to know when to refer to a more fully-trained Acupuncturist or Oriental Medicine practitioner***</p> <p>-Most commonly used for pain and basic ailments. Diagnosis is primarily symptom based (not holistic) and does not employ the Oriental Medicine diagnostic methods traditionally associated with the practice of acupuncture.</p>
<p>0 to 100 hours</p> <p><i>Detox Tech Chiropractic Acupuncture Medical Acupuncture</i></p>	<p>Typically a detoxification technician or chiropractor (detox techs should be under supervision of a Licensed Acupuncturist, see above, and are limited to 5 points on the ear)</p> <p>-Most commonly used for pain management or addiction & detoxification through auricular acupuncture. No Oriental medical diagnosis is used.</p>

For a list of approved schools and colleges, contact the U.S. Department of Education or:

www.ccaom.org www.nccaom.org www.acaom.org

* Many Acupuncture & Oriental Medical schools exceed 2000 hours. 3000 - 4000 hours are required in apprenticeships.

** Acupuncture/Oriental Medical practitioners are able to obtain a D.A.O.M. doctoral degree from an ACAOM-approved clinical doctoral program. Some states also designate the licensing title (non-degree) as D.O.M. or D.Ac, or Acupuncture Physician. Licensed Acupuncturists may have also obtained an O.M.D., Ph.D., or D.Ac. for non-extensive post-graduate training (from unaccredited programs). Thus, it is important to ask where such a title was received.

***Some medical doctors and chiropractors are trained and licensed in both western and Oriental medical acupuncture. Ask your physician about his or her credentials.



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PATIENT REGISTRATION

Patient Name		Gender: M F	Soc Sec No. (internal use only)	
Street Address			City, State Zip	
Date of Birth	Age	Height	Weight	Marital Status: S M W Sep Div
Patient's Phone Numbers (home, cell, work)		Emergency Contact		Emergency Telephone
Patient's E-mail:			Referred By:	

PATIENT MEDICAL INFORMATION, HISTORY, AND CURRENT STATUS

Full Patient Name/Nickname		# Children	# Siblings
Occupation	Description		How long?
Primary Reason(s) for Consultation: (describe situation and symptoms)			
What other treatments have you tried for this/these conditions? Indicate if you are currently receiving other treatment.			
Date of my last comprehensive physical exam by a primary-care physician: Results, findings and recommendations given:			
Type of Discomfort: (circle or describe) <i>sharp, dull, achy, burning, heavy, distended, etc.</i>		Do you seek treatment for holistic wellness –or– to address symptoms only? (circle one.)	
When/how often is discomfort felt?	How long does discomfort last?	When did problem start?	
What makes it feel better? (circle or describe) rest, activity, eating, drinking (or not), cold, heat,...		What makes it feel worse? (circle or describe) rest, activity, eating, drinking (or not), cold, heat,...	
Do you have warm or cold sensations? If so, describe.		Is abnormal perspiration (sweating) present?	
Describe appetite, thirst, taste sensations, and cravings		Describe any numbness or tingling sensations	
Describe defecation /urination, if irregular/abnormal.			How many BMs per average day?

PATIENT MEDICAL INFORMATION, HISTORY, AND CURRENT STATUS (CONTINUED)

Patient Name

Describe pattern of sleep, and normal times of sleep (Is sleep restless, disturbed, broken, or deep, restful, and rejuvenating?) How many hours per night?	How many ounces of caffeine do you consume daily/weekly? CIRCLE: coffee, tea, cola, red bull ... (list others)	How much refined sugar (candy, processed foods, etc.) do you eat daily/weekly? What kinds?
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Have you ever had a consultation of this type before? (please circle) yes no
Are you currently under the care of a physician? please circle: (yes / no) Doctor(s) names? for?

Are you currently on medication? IF SO, PLEASE LIST NAMES OF ALL MEDICATIONS OR SUPPLEMENTS (INCLUDING OVER-THE-COUNTER) YOU CURRENTLY TAKE, AND THE CONDITION YOUR MD/PRACTITIONER/(SELF) PRESCRIBED THEM FOR. USE BACK OF THIS PAGE IF NECESSARY.

Do you drink water daily? (please circle) yes no How many OUNCES?	List allergies or skin problems, if any:
--	--

Do you have any current injuries, bruises, infections, or contagious diseases? (please circle) yes no Explain.
--

Do you have a history of infection or contagious diseases, such as Hepatitis, HIV, or AIDS? (please circle) yes no Explain.

* It is important that you answer these questions fully and correctly. Information is STRICTLY CONFIDENTIAL. Do you work in a healthcare field where there is any exposure to blood? (please circle) yes no. Have you ever shared needles? (please circle) yes no. What manner of pregnancy prevention do you use?

Do you have HIGH blood pressure? (circle) yes no	Do you have LOW blood pressure? (circle) yes no
--	---

Circle any/all that apply: I wear: corrective eyewear, dentures, mouthpiece.

Hospitalization/Surgery History: Please list dates and any types of hospitalization or surgeries you've undergone:
--

OBSTETRICAL/GYNECOLOGICAL HISTORY (FEMALES ONLY)

Are you currently taking birth control pills? yes no	Are you or do you suspect you are pregnant? yes no If yes, how many months? Due date?
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First day of last period	Was it normal? yes no	Is your period regular? yes no
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Frequency	Average number of days/menstruation	Date of last PAP Smear
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Results of PAP Smear

Number of pregnancies	Number of living children and ages
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Have you ever had a female disorder that required medical or surgical treatment? yes no (if so, please explain)
--

Have you noticed any breast changes? (discharges, lumps) yes no (if so, please explain)
--

Are you in need of family planning or birth control? yes no

PATIENT MEDICAL INFORMATION (CONTINUED)

Patient Name

LIFESTYLE & HEALTH STATUS

Do you suffer from tension, migraine, or sinus headaches? (circle) describe: List other stress impact sites in body

Do you exercise/play sports? yes no What kind? How often?

Do you smoke? yes no How many cigarettes/day? How long? years
 -Or use tobacco products?

Do you drink alcohol? yes no How often and how much?

What is the overall stress level in your life? none low intermittent/varies high extreme intolerable
 Type(s): emotional time/money issues lack of control responsibilities depression anxiety work family
 Which describes you best? worried depressed anxious over-worked angry frustrated obsessive fearful happy
 Describe your emotional disposition & predominant "stressors" below:

Historically, how do you deal with conflict, stress?

Do you have any daily or regular practices which promote holistic wellness?

Do You Use:	Never	Occasionally	Frequently	Daily
Laxatives				
Vitamins or Supplements				
Sedatives				
Tranquilizers				
Sleeping Pills				
Aspirin/Tylenol				
Cortizone				
Appetite Depressant				
Thyroid Medication				

FAMILY HISTORY

Age & Health Status of the following individuals:

Father	Mother	Spouse
Children		
Please indicate the relationship of any family member having any of the following diseases:		
Cancer/Tumor	Epilepsy/Seizures	
Diabetes	Asthma/Allergies	
Heart Disease	Tuberculosis	
High Blood Pressure	Bleeding Disorders/Fibroids/Menstrual	
Stroke	Kidney Disease	
Anemia	Pneumonia	
Arthritis/Gout	Polio	
Alcoholism/Drug Abuse	Prostate Disease	
Eczema	Thyroid Disease	
Emphysema	Scoliosis/spinal disorders	
Hepatitis	Ulcers	
Migraine	Venereal Disease	
Psoriasis	Weight Problems/Eating Disorders	
Nervous breakdown or other psychiatric disorder		

COMPREHENSIVE PERSONAL MEDICAL HISTORY

Have you ever or do you now have problems with the following? (check/circle below)	Past	Present	Never
Periods of passing out			
Dizziness			
Visual changes			
Chest pain or irregular heartbeat or heart disease (circle where appropriate)			
Heart Palpitation or other chest/heart symptoms (circle)			
High blood pressure			
Low blood pressure			
Shortness of breath or difficulty breathing (circle)			
Coughing of blood, or vomiting of blood (circle)			
Heartburn or ulcers (circle)			
Diarrhea, constipation, incontinence, stool color change (circle)			
Frequent or painful urination, bloody urine, or weak stream (circle)			
Night sweat or other abnormal perspiration			
High blood sugar or frequent urination, excessive thirst or sweating (circle)			
Swollen or painful joints (circle)			
Chronic back, neck, or muscle pain (circle)			
Loss or partial loss of use of arms, legs, speech, hearing (circle)			
Difficulty sleeping			
Depressed or sad most of the time, hopeless outlook			
Weight loss or gain of 10 pounds			
A sore that is not healing properly			
Difficulty swallowing			
Nagging or persistent cough or hoarseness			
Obvious change in warts/ moles			
Unusual bleeding or discharge			
Masses or lumps in breasts or discharge (circle)			
Libido changes or sexual dysfunction (circle)			
Black or tarry stools			
Smoker, consistent drinker of alcohol, user of chemical substances			
Enlarged/swollen glands (circle)			
Liver, Gall Bladder, Kidney, Thyroid, Bladder, Prostate, Bowel, Lung disease (circle)			
Hepatitis A, B, C, or other, HIV, or AIDS			

Do you have any other medical condition we should be aware of before beginning the consultation? yes no
 Describe:

I, (print name: _____) take full and sole responsibility for any food supplements, herbs or plant products that I/my child may decide to ingest or apply as a result of this consultation and treatment process. I am aware that these herbal products or supplements may not work as efficiently, or might produce unwanted side effects if taken in conjunction with other herbs, supplements or medications, or if taken improperly. I understand that the Licensed Acupuncturists do not diagnose illness, disease, or any other physical or mental disorder within the realm of western medicine. Likewise, the Licensed Acupuncturists do not prescribe medical treatment or pharmaceuticals. I understand that an Acupuncture and Oriental Medicine consultation is not a substitute for a medical examination or western medical diagnosis, and that it is recommended that I seek the care of a primary care physician in conjunction with acupuncture treatment. I understand that if I am presently under the care of a physician and/or currently taking medications, I may consult my physician before making any changes in my current medical regime. I certify that I understand no claims or guarantees are given regarding particular medical outcomes of treatment by ASOMNE practitioners. Understanding that the practitioners must be aware of all of my existing health conditions, I have stated all my known health and medical conditions and take it upon myself to keep the practitioners updated on my physical health and medical status. I hereby agree to have this consultation and hold the practitioners and ASOMNE harmless for any problems that might arise after this consultation and treatment.

Signature: Patient, parent, or guardian _____ date _____



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Personal Vitality Assessment Form

“Health” is not merely the absence of pain or disease, but True Personal Vitality—
Living life to the fullest each day, not simply *existing*... waiting to die.

All illness can ultimately be traced back to disharmony in the Mind and Spirit. Resolve and
perspective are often the difference between great suffering and great health.

How are *you* doing?

1. ON A SCALE OF ONE TO TEN, HOW WOULD YOU RATE YOUR BODY'S PRESENT CONDITION, AND HOW HAPPY ARE YOU WITH YOUR RATING?

2. IF YOU COULD WAKE UP TOMORROW HAVING CHANGED ONE THING ABOUT YOURSELF, WHAT WOULD IT BE? WHY?

3. WHAT ARE THE THREE MOST IMPORTANT THINGS YOU HAVE LEFT TO ACCOMPLISH IN YOUR LIFE?
 - 1.
 - 2.
 - 3.

4. PLEASE DESCRIBE A TIME/SITUATION IN YOUR LIFE WHEN YOU EXPENDED A GREAT AMOUNT OF EFFORT IN ORDER TO ACCOMPLISH A GOAL RELATED TO YOUR HEALTH:

5. NAME SIX SPECIFIC HOLISTIC WELLNESS GOALS: TWO *PHYSICAL*, TWO *MENTAL/EMOTIONAL*, AND TWO *SPIRITUAL* OR *CHARACTER-DEVELOPMENT-ORIENTED* ONES:
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.

6. IN YOUR LIFE, ARE THERE MORE THINGS YOU'RE DOING BECAUSE YOU "HAVE TO", OR MORE THINGS YOU'RE DOING BECAUSE YOU "WANT TO"? MAKE TWO LISTS HERE. USE THE BACK OF THE PAGE IF NECESSARY.

7. IF YOU KNEW YOU WERE GOING TO DIE IN ONE YEAR, WOULD YOU CHANGE ANYTHING ABOUT HOW YOU ARE LIVING NOW?
IF SO, WHAT?

8. IS THERE SOMETHING YOU HAVE DREAMED OF DOING FOR A LONG TIME?
IF SO, WHY HAVEN'T YOU DONE IT?

9. PERSONAL INSIGHTS: WHAT DO I NOTICE ABOUT MYSELF AS I REVIEW MY ANSWERS TO THESE QUESTIONS?

MANY PEOPLE BECOME VERY UPSET WHEN THEY ANSWER THESE QUESTIONS. THAT IS BECAUSE THESE QUESTIONS HAVE BEEN *INSIDE* OF THEM FOR A LONG, LONG TIME. THEY ARE FRUSTRATED. THEY HAVE REACHED THIS AGE AND STILL HAVE YET TO DO MUCH...

THESE QUESTIONS ARE BEHIND THE SYMPTOMS MANY PEOPLE RUN FROM DOCTOR TO DOCTOR TO RESOLVE. WHETHER OR NOT THIS IS TRUE ON A LARGE SCALE FOR YOU, IT IS ALWAYS A GOOD IDEA TO TAKE STOCK ONCE IN A WHILE; TO GET BACK TO THE BASICS OF WHAT HEALTH IS.

DO YOU REALLY WANT JUST *NOT TO BE SICK?* OR DO YOU WANT TO LIVE A VITAL LIFE? START NOW. GIVE YOURSELF PERMISSION TO BE FULLY HEALTHY. YOU HAVE THE POWER TO MOVE MOUNTAINS. USE IT!

10. BASED ON THIS ASSESSMENT, WHAT ADVICE WOULD YOU GIVE YOURSELF TO HELP YOU BECOME AS HOLISTICALLY HEALTHY AND WELL AS YOU WANT TO BECOME?

11. BASED ON YOUR OWN ADVICE, WHAT COMMITMENT ARE YOU MAKING FOR THE NEXT DAY?

WEEK?

MONTH?

YEAR?



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NOTICE OF PRIVACY PRACTICES

Effective July 15, 2003

This notice describes how health care information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

At Acupuncture, Shiatsu and Oriental Medicine of New England, LLC, we respect the privacy and confidentiality of your health information. We understand that health care information about you and your health is personal and we are committed to protecting this information. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice of Privacy Practices describes how we may use and disclose your health care information, and how you can get access to this information.

WE ARE REQUIRED BY LAW to maintain the privacy of your health care information and provide you with notice of our legal duties and privacy practices. We are also required to comply with the terms of our notice that is currently in effect.

WE MAY USE AND DISCLOSE your health care information for the following reasons:

Treatment: We may use health care information about you to provide you with treatment and services. We disclose health care information to our employees and others who are involved in providing the care you need. For example, those who work here may share information with each other in order to coordinate the services you need, such as acupuncture treatments, herbal prescriptions, Naturopathic treatments, supplement, or wellness recommendations.

Payment: For payment purposes, we may disclose your health information to your insurance provider or worker's compensation. This information would be disclosed to request that you or we be reimbursed for services received. In this case, your health care information would be disclosed to determine whether your plan would cover the diagnosis and treatment. In the case where you have paid us and are filing a claim for insurance benefits yourself, we will be happy to provide the necessary procedure and treatment codes at your request.

Appointment Reminders: We use and disclose health care information to contact and remind you about appointments. If you are not home, we may leave this information with the person answering the phone or on your answering machine. **IMPORTANT:** If you have given us a phone number at work (and it is your direct line) we may leave a message. If you do not wish to be called at work, please make us aware of that. If you have given a cell phone or home telephone number, we may leave a message on your voice mail. If you provide us with a phone number that you do not want us to call except in an emergency situation, please tell us and we will respect your wishes. We generally call patients on the day before the treatment, to remind you of treatments scheduled. If there are phone numbers you have given us where you do not want us to leave a message, please tell us.

Individuals Involved in Your Care or Payment for Your Care: We may release health information about you to a friend or family member who is involved in your health care or

payment for your care, with your permission.

To Avert a Serious Threat to Health or Safety: We may use and disclose health care information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person; for example, for reporting victims of abuse, neglect or domestic violence. We may also release health care information if asked to do so by a law enforcement (civil or military) official(s), or as required by law. In addition, special regulations may apply to disclosures of health information relating to care for psychiatric conditions, substance abuse or HIV-related information.

YOUR WRITTEN AUTHORIZATION IS REQUIRED before we can make use of or disclose any of your health information other than for any reason other than those described above. You may revoke a written authorization at any time but such revocations must be made in writing. Such requests will be honored immediately except where actions have already been taken on your authorization.

WE RESERVE THE RIGHT TO USE AND DISCLOSE your health care information without your written authorization in the following situations: to advise you of treatment alternatives and health-related benefits; for marketing purposes (without your name or other identifying information), to provide others with testimonial letters you have given us for this express purpose; for educational purposes during Wellness Talks or other instructional events (**please note:** under these circumstances ONLY information about health care may be used or disclosed; your name will never be used except in testimonial letters, as you sign them); as required by local or federal law; for public health investigations; in response to a court order; for coroners or medical examiners; as required by military command authorities (for military and veteran patients only); or for health oversight activities (such as audits, investigations and licensure necessary for the government in its responsibilities of monitoring the nation's health care system).

YOU HAVE THE FOLLOWING RIGHTS regarding your health information: Right to Request Special Privacy Protections, Right to Request Confidential Communications, Right to Inspect and Copy, Right of Access to Personal Health Information, Right to Request Amendment, Right to an Accounting of Disclosures, Right to a Paper Copy of this Notice.

CHANGES TO THIS NOTICE: We reserve the right to change this notice, change our practices and make new provisions in the future. Should we do so, we will notify you when it is applicable. In addition, if the ownership or directorship of this clinic changes, your health care information may be transferred to the new owner. Should such a change occur, you maintain the right to request that copies of your health care information be transferred to another health care provider. If a practitioner who has been treating you leaves our employ, your medical records will remain in this office. However, you may request a copy of them.

IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED, you may file a complaint in writing with us or with the Office of Civil Rights in the U.S. Department of Health and Human Services at 200 Independence Ave SW, Room 509p, HHH Building, Washington, DC 20201. You will not be penalized for filing a complaint.

Thank you.



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WRITTEN ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, hereby acknowledge that I have received a copy of the **Notice of Privacy Practices** that describes how my health care information may be used and disclosed, and how I can access this information. I understand that if I have questions or complaints I may contact the office.

I also understand that I am entitled to receive updates upon request if Acupuncture, Shiatsu, and Oriental Medicine of New England, LLC's Notice of Privacy Practices is amended or changed in a material way.

Signature

Printed Legal Name

Relationship to Patient

Date



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Authorization for Discussion of Medical Case within ASOMNE

This is to authorize the practitioners and apprentices within Acupuncture, Shiatsu, and Oriental Medicine of New England, 339 Flanders Rd., East Lyme, Connecticut to discuss my medical history and treatments with each other when they feel, at their sole discretion, that it is my best interest to do so.

Signature of Patient/Guardian

Date of Signature



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REQUEST FOR CONFIDENTIAL COMMUNICATIONS

I hereby request that any communications by Acupuncture, Shiatsu, and Oriental Medicine of New England, LLC to me be made to:

Please check all that apply and fill in the appropriate telephone numbers or address, as applicable:

- Home Phone _____
- Work Phone _____
- Cell Phone _____
- Mailing address _____

May we speak to or leave messages with:

- Parents
- Children
- Spouse, boyfriend, or girlfriend: _____
- Other people: _____

- A person answering the phone other than above:
- At Home
 - At Work
 - On Cell Phone (Continued on reverse)
- I give permission for appointment and scheduling information to be left on the answering machine/voicemail on my:
(please circle all that apply) home / work / cell phone
- I give permission for information regarding herbal prescriptions or other self-treatment information pertaining to me or my child to be left as a message.
- I give permission for *any* information regarding my health to be left as a message with the above-named people.
- Please do not call to remind me of appointments. I understand that I will be charged the normal treatment fee for an appointment that I miss without 48 business hours' notice.

I request that all future communications to me to be made in accordance with my wishes as expressed above. I understand that if I refuse to specify an alternate address or to provide information as to how payment will be handled, that Acupuncture, Shiatsu, and Oriental Medicine of New England, LLC may deny my request.

Signature of Patient, or Personal Representative if under 18 years old

Printed Name of Person Signing Above

Relationship to Patient (if applicable)

Date



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ASOMNE offers a variety of adjunctive therapies in addition to acupuncture, which will amplify and quicken your healing process. Please be advised that most insurance providers do not currently cover the following treatments and procedures. Most providers cover acupuncture only at this time. You may wish to contact your provider to find out why. The charges listed below would be additional to any acupuncture charges or copay.

Extended Follow-up Consultation - There will be an additional charge of \$40.00 for follow-up consultations that exceed 30 minutes from the time the patient was scheduled to be here.

Shiatsu/Tuina/Oriental Bodywork Therapy - \$20.00 additional and up (according to time)

Electroacupuncture - \$15.00 additional

Gua Sha Therapy - \$10.00 additional

Auricular Therapy - \$10.00 additional

Sooji/Reflexology Therapy - \$10.00 additional

Moxibustion (Heat) Therapy- Including IRD Lamp - \$10.00 additional
Patients 65 and over receive this service free

Sawada Ryu Moxibustion (Heat) Therapy - \$20.00 additional

Cupping Therapy - \$10.00 additional

Custom Herbal Formula Consultations - \$30.00- \$60.00 depending on time necessary for evaluation. Almost all consultations done for existing acupuncture patients are charged only \$30. This charge will only be necessary if patients are referred to another practitioner within our practice for consultation, otherwise herbal diagnostic and formulation services are included in the normal initial consultation and acupuncture visit fees.

I have read the above information and understand that I am responsible for the additional charges at the time of service, on each visit in which they apply.

Signature of Patient or Guardian

Date



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Patient Reminders:

Please consider the following before each treatment:

- Bring a loose, comfortable pair of shorts
- No coffee at all the day of your initial assessment. (It will compromise your pulse diagnosis).
- Do not eat or drink anything excessively hot or cold, or anything which might color your tongue for at least 90 minutes before your treatment. These foods will interfere with your diagnosis.
- Do not wear perfumes or colognes to the treatments, out of consideration for others who may be allergic to these items.
- It is best if you don't plan to do anything active 2-4 hours after the 1st Acupuncture treatment. Patients can enhance their results this way.

Thank you.