

Fertile Ground Clinic Policies

Welcome

Thank you for choosing Fertile Ground as a partner on your health journey. This page contains our clinic policies. Please take them into consideration as you work with us.

Payment

- Patients are required to pay for each visit at the time of treatment.
- Checks returned due to insufficient funds will be charged an additional \$30 fee.

Cancellation Policy

- **We request at least 24 hours notice if you need to cancel or reschedule your appointment. If you miss your appointment or cancel with less than 24 hours notice a \$40 cancellation fee will be charged.**
- Any patient who habitually cancels appointments may be refused future treatments and will be referred to another clinic for future needs.

Lateness

- If a patient is more than 15 minutes late for a scheduled appointment, Fertile Ground reserves the right to consider the patient a “no-show” and may proceed with another patient and charge the normal missed appointment fee.
- If a patient is treated after arriving late, Fertile Ground reserves the right to charge for the full visit cost despite the possibility of a truncated visit.

Personal Belongings

- The staff of Fertile Ground will do their best to insure your personal belongings are safe, but cannot be responsible for them. Please be sure to check the treatment room carefully before leaving to ensure you do not leave anything behind. Please be sure to follow all posted parking rules and secure your vehicle. Fertile Ground is not responsible for damage, towing, or other costs associated with street parking.

I have received, read and understand these policies.

Print Name: _____

Signature: _____

Date: _____

Risk Assessment for: _____

Please circle or check as appropriate to help determine the best type of treatment(s) for you.

I **do / do not** have a pacemaker or other electrical implant.

I **do / do not** have a seizure disorder.

I **do / do not** have a bleeding disorder.

I **am / am not** on medication that require INR testing (blood thinners).

I **am / am not** diabetic.

I **do / do not** have areas of reduced sensation in my body.

If yes, please describe where: _____

I **do / do not** have a compromised immune system.

I **have / have not** ever had acupuncture before.

I **have / have not** fainted or become nauseated while receiving a treatment with needles.

I **have / have not** eaten something in the last four-five hours.

I **am / am not** pregnant.

Not sure? Please check here _____

If yes, how many weeks pregnant are you? _____ I **am / am not** menstruating today.

I have the following food & drug allergies: _____

Check One:

___ I have a low tolerance for pain.

___ I have an average tolerance for pain.

___ I have a high tolerance for pain.

Check One:

___ I am very nervous about my treatment today.

___ I am a little nervous about my treatment today.

___ I am not nervous about my treatment today.

I eat meat _____ I am a vegetarian _____ I am vegan _____