

*Please read and sign the following 3 documents,  
and bring with you on your first visit.  
Then take time to fill out the New Patient Intake Form (20-30 minutes).*

# **JAKE PAUL FRATKIN, OMD, L.Ac.**

*Doctor of Oriental Medicine*

7764 Jade Ct.  
Boulder, CO • 80303  
www.drjakefratkin.com

(303) 554-0722  
FAX (303) 554-0299  
e-mail:info@drjakefratkin.com

*Colorado law requires that all acupuncturists provide the  
following information to patients at the first visit*

## **DISCLOSURE STATEMENT**

### **Acupuncture License Act, Article 29.5**

"12-29.5-101. While recognizing that the rendering of acupuncture services is not part of the traditional practice of western medicine, it is the intent of the general assembly that those citizens who wish to obtain acupuncture services be allowed to do so and, in addition, that such citizens have available certain information to assist them in making informed choices when seeking such services.

"It is also the intent of the general assembly that the providers or practitioners of acupuncture should not misrepresent their qualifications, harm their clients, practice in an unhealthy manner, or deceive insurers or the recipients of acupuncture services".

<b>1. Fees</b>	New Patient Visit, 60 minutes	\$150.
	Office visit, regular	\$85.
	Office visit, short	\$65.
	Acupuncture treatment, regular	\$75.
	Acupuncture treatment, short	\$60.
	Phone consultation, established patient	\$25-35.
	Phone Consultation, out of town patient	\$85 - \$120.
	Children 14 years and younger	10 % discount

## 2. METHODS OF THERAPY

- a. **ACUPUNCTURE** uses thin, sterile needles to adjust the body's acupuncture channels, and regulate organ function through energetic manipulation. Dr. Fratkin uses Japanese Meridian Balancing for system balance and tonification, and Chinese acupuncture for symptom control. **MOXIBUSTION**, the burning of the herb artemisia on needles or on the skin at acupuncture points, is used for tonification of channels and organs. Occasionally, **ELECTRICAL STIMULATION MACHINES** are used to administer acupuncture stimulation instead of, or in addition to, needle therapy.
- b. **CHINESE HERBAL CONSULTATION** uses both traditional pulse and tongue diagnosis and electrodermal evaluation (VEGATEST), and is given for both acute and chronic conditions. Herbs are given either as pills, alcohol extracted tincture or herbal packs. **DIETARY CONSULTATION** can include dietary recommendations based on Oriental constitutional system or include nutritional supplement recommendations.
- c. **PEDIATRIC SHONEISHIN** is a technique of rubbing and tapping acupuncture points and channels on infants and small children. It is used to enhance vitality and immunity, and to treat common pediatric complaints.
- d. **CRANIAL-SACRAL THERAPY, QI GONG HAND HEALING, AND TUI NA CHINESE MASSAGE**, are used to balance the body's energy patterns and connective tissue distortions, with the doctor's hands. These treatments may happen alone or combined with acupuncture.

## 3. LICENSES AND DIPLOMATES

- a) Permission to practice Acupuncture; state of Wisconsin. 1978.
- b) National Board Certified in Acupuncture, Dipl.Ac., NCCA, 1986.
- c) Licensed Acupuncturist (L.Ac.), state of New Mexico. 1986.
- d) Doctor of Oriental Medicine (D.O.M.), state of New Mexico. 1990.
- e) Registered Acupuncturist, (R.Ac.), state of Colorado. 1990.
- f) Recognition of OMD degree, state of Colorado, 1992.
- g) National Board Certified in Chinese Herbal Medicine, Dipl. C.H., NCCA, 1993.
- h) Colorado registration changed to license (Licensed Acupuncturist, L.Ac.), 2002

#### 4. EDUCATION AND DEGREES

**a) University of Wisconsin.**

Bachelor of Arts, Chinese language and philosophy. 1976.

**b) Moon Institute of Acupuncture, Chicago Illinois**

1976-1979. Korean-Japanese Acupuncture. 1385 hours.

**c) Midwest Center for Oriental Medicine, Chicago, IL, 1983-1984.**

Traditional Chinese Herbal Medicine; Oriental Manipulation. 190 hours.

**d) China Academy of Traditional Chinese Medicine, Beijing, China**

1) Xi Yuan Hospital. Advanced Herbal Clinical Program. 1987. 288 Hours.

2) Guang An Men Hospital. *Qi Gong* exercises; *Tui Na* manipulation-massage. 1987. 96 hours.

3) Dong An Men Hospital. Advanced Clinical Acupuncture Program.

1988. 180 hours. (Program Director).

**e) Southwest Acupuncture College, Santa Fe, New Mexico**

Doctor of Oriental Medicine (OMD). 1988.

**f) Continuing Education in Japanese acupuncture**

1988-present. Dr. Miki Shima, 76 hours.

1994-present. Japanese Meridian Therapy; Shudo, Birch, Ogawa. 174 hrs.

#### 5. WORK EXPERIENCE AS AN ACUPUNCTURIST AND HERBALIST

1978-1980	Sai Holistic Health Center, Madison, WI
1980-1982	Center for Classical Acupuncture, Madison, WI
1982-1984	Chicago Acupuncture Associates, Chicago, IL.
1984-1986	Lake City Family Health Center, Seattle, WA.
1986-1987	Southwest Acupuncture Associates, Santa Fe, NM.
1987-1990	Pecos Trail Medical Associates, Santa Fe, NM.
1990-present	Paul Fratkin, Inc. Boulder, CO.

#### 6. TEACHING EXPERIENCE

**a) Midwest Center for Oriental Medicine, Chicago, Illinois.**

Academic and Clinical Director, Dept. of Acupuncture. 1982-1984.

**b) John Bastyr College of Naturopathic Medicine, Seattle, WA.**

Chairman, Department of Oriental Medicine. 1984-1986.

**c) Southwest Acupuncture College, Santa Fe, New Mexico.**

Chairman, Department of Herbal Medicine. 1986-1990.

**d) Colorado Institute of Traditional Chinese Medicine, Denver.**

Japanese acupuncture, Chinese herbal medicine. 1992-present.

**e) Teaching to Graduate Level Doctors and Practitioners on Traditional Chinese Medicine, monthly, 1988 to present, including:**

Acupuncture Associations of California, Colorado, Florida, Illinois,

Massachusetts, New Mexico, New York, Oregon;

Also, France, Switzerland, Belgium, Germany, and Spain.

Naturopathic Associations of Arizona, Oregon, and Washington.

National Sports Acupuncture Association

## **7. PROFESSIONAL ORGANIZATIONS**

National Association of Teachers of Acupuncture and Oriental Medicine, since 1994

Fellow, National Academy of Acupuncture and Oriental Medicine, since 1993

American Association of Acupuncture and Oriental Medicine (AAAOM), since 1982.

Acupuncture Association of Colorado, since 1991.

New Mexico Acupuncture Association, since 1986.

## **8. OTHER DISTINCTIONS**

Teacher of the Year, American Association of Teachers of Acupuncture and Oriental Medicine (AATAOM), 2006

Acupuncturist of the Year, 1999, American Association of Oriental Medicine (AAOM).

Examiner for state exams, New Mexico Acupuncture Board, 1988-1990.

Chairman, Committee on Herbal Medicine, New Mexico Acupuncture Board, 1989

Advisor, NCCAOM National Exams Herbal Committee

Advisor, NCCAOM Oriental Medicine Committee

Site Visitor, ACAOM Accreditation Commission

Author, *Chinese Herbal Patent Medicines*, 2001.

Editor, *Practical Therapeutics of Traditional Chinese Medicine*,

authored by Dr. Wu Yan, Beijing College of TCM; Paradigm Publications, 1997.

Author, *Chinese Classics: Popular Herbal Formulas*, 1989.

Author, *Chinese Herbal Patent Formulas*, 1986.

Author, *The WQ-10 Electro-Acupuncture Machine*, 1984.

Medical Advisory Boards: BHI-Heel; NutriWest; McZand Herbal, Golden Flower, Vitality Works, TeaZen.

**9. REQUIRED STATEMENTS, STATE OF COLORADO**

- a) Dr. Jake Paul Fratkin complies with all rules and regulations specified by the Colorado Department of Health. He follows clean needle technique, using sterilized disposable needles, and follows state guidelines for sanitation and sterilization within the treatment room.
- b) Patients may seek a second opinion from any another health care professional or may terminate treatment at any time.
- c) In a professional relationship, sexual intimacy is never appropriate and should be reported to the director of the division of registrations in the department of regulatory agencies.
- d) Acupuncture is regulated by the Department of Regulatory Agencies. Any complaints should be directed to:

Department of Regulatory Agencies  
Office of Acupuncturists Registration  
1560 Broadway, Suite 680  
Denver, CO 80202  
(303) 894-2464

- e) I have read the above information, and have been given a complete copy.

-----Date-----

# JAKE PAUL FRATKIN, OMD, L.Ac.

*Doctor of Oriental Medicine*

## RESPONSIBILITY FOR PAYMENT

<b>1. Fees</b>	New Patient Visit, 60 minutes	\$150.
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**2. The patient is responsible for payment at time of service.** We do not bill directly to insurance companies. Itemized super-bills are available upon request for you to submit to your insurance company for reimbursement.

**3. CANCELLATION POLICY: Cancellations must be made during clinic office hours at least one day prior to the appointment.** Cancellations for Monday must be received by Friday, 1 pm. Patients canceling the same day of treatment, missing their appointment, or arriving late will be charged according to the time booked. **Cancellation fees will also apply to new patients for a missed first visit.** Cancellations due to weather or bona fide emergencies are excused if you call prior to your appointment.

**4. Does your insurance company reimburse for acupuncture? You must ask them directly.** They may impose limitations, such as number of treatments, conditions treated, or requiring the referral of a medical doctor. Please determine this information prior to your visit. Medicare, Medicaid, HMOs, Preferred Provider Organizations (PPO), and many insurance companies do not pay for the services of an acupuncturist. Also, your company may not pay for any lab tests an acupuncturist authorizes, and they will not pay for natural medicines.

**I AGREE TO THE ABOVE CONDITIONS PRIOR TO TREATMENT.**

-----Date-----

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## ADVISEMENT OF WESTERN MEDICAL EVALUATION

I understand that Jake Paul Fratkin is a Doctor of Oriental Medicine, and is regulated by the state of Colorado as a Licensed Acupuncturist with rights of prescribing Chinese herbs. He is not a Western medical doctor (MD, DO), and is neither authorized nor qualified to make Western medical diagnosis, prognosis, evaluation or medical recommendations.

I am seeing Dr. Fratkin of my own choice, with the intention of receiving natural therapeutics for my health complaint. I understand that Oriental medicine offers one aspect of my health care, and that a more in-depth overview may be served by an independent Western medical (MD, DO) evaluation. I acknowledge the advice to consider independent medical (MD, DO) evaluation so as to be aware of conventional diagnosis, treatment and prognosis.

-----Date-----

# JAKE PAUL FRATKIN, OMD, L.Ac.

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*Please Do Not Wear Perfume or Cologne to the Clinic*

Today's Date:

NAME:

AGE: DATE OF BIRTH: PLACE OF BIRTH:

If child, parents' names:

ADDRESS:

Street, City, State, Zip

Phone: (H)

(W)

(Cell)

Email:

RELATIONSHIP STATUS:

- Single and living alone  
 Single and living with partner  
 Married. Spouse's name:

Do you have children?  
Please give names and ages:

OCCUPATION:

REFERRED BY:

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**PRIMARY COMPLAINT:**

Please include, briefly, location of complaint, time of onset, cause (if known), factors that aggravate symptoms, and any other pertinent information.

**SECONDARY COMPLAINTS:**



**APPETITE AND TASTE**

- \_\_\_ Has your appetite altered recently?
- \_\_\_ Do you have a poor appetite?
- \_\_\_ Do you have poor digestion?
- \_\_\_ Do you have epigastric (stomach) distention?
- \_\_\_ Do you have abdominal (large intestine) distention?
- \_\_\_ Are you experiencing belching?
- \_\_\_ Are you passing gas?

**What percentage of your diet is the following:**

\_\_\_\_\_ Animal protein \_\_\_\_\_ Vegetables \_\_\_\_\_ Carbohydrates (breads, rice, pasta)  
 \_\_\_\_\_ Fruit \_\_\_\_\_ Sweets \_\_\_\_\_ Snacks

**List any suspected or known food allergies:****THIRST AND DRYNESS**

- \_\_\_ Do you have dry eyes?
  - \_\_\_ Do you have dry nose or lips?
  - \_\_\_ Do you have dry skin or dry hair?
- How many glasses of water or fluids do you drink daily? \_\_\_\_\_

**STOOLS AND URINE**

- Are your stools:**     \_\_\_ Normal? (Daily with same shape and size)  
                                    \_\_\_ Unusually hard?  
                                    \_\_\_ Unusually loose?  
                                    \_\_\_ Erratic in form (sometimes hard, sometimes loose)?
- \_\_\_ Do you have bowel movements less than 5 times per week (constipation)?
  - \_\_\_ Is there any blood or pus in your stool?
  - \_\_\_ Do you have hemorrhoids?

- Is your urine:**         \_\_\_ Unusually scanty and dark?  
                                    \_\_\_ Unusually profuse and clear?
- \_\_\_ Do you wake more than once at night to urinate?
  - \_\_\_ Do you experience any dribbling of urine?
  - \_\_\_ Do you have an urgency to urinate?
  - \_\_\_ Do you experience burning with urination?

**SLEEP**

- \_\_\_ Do you suffer from insomnia?
- \_\_\_ Do you have restless sleep?
- \_\_\_ Do you have uncomfortable dreams?

**EMOTIONS**

Do you experience excessive: \_\_\_ Anger      \_\_\_ Worry      \_\_\_ Depression  
    \_\_\_ Fear      \_\_\_ Sadness      \_\_\_ Anxiety

- \_\_\_ Do you experience mood swings?
- \_\_\_ Are they related to eating and not eating?
- \_\_\_ Do you take mood regulating prescription medications?

**STRUCTURE**

- \_\_\_ Do you suffer from chronic or occasional backache or neckache?
- \_\_\_ Do you suffer from chronic or occasional joint pain?
- \_\_\_ Do any muscles ache or cramp?

**ACCIDENTS**

Please list all major accidents, including fractures, deep cuts, serious sprains, etc. Please indicate all head injuries. Include dates or age:

**SURGERY HISTORY**

Describe reason, age, and any consequential outcome.

Have you ever had a blood transfusion? What year?

**EXERCISE**

What do you do for exercise? How often?

**DISEASE HISTORY**

Do your parents have any unusual health problems?  
 If they died, state cause of death and age at death.

**FATHER:**

**MOTHER:**

**During your mother's pregnancy with you, did she:**

- \_\_\_ Drink alcohol    \_\_\_ Suffer serious illness    \_\_\_ Take medications
- \_\_\_ Smoke cigarettes    \_\_\_ Suffer emotionally or physically

Please check (✓) if you have or have had any of the following:

Now	Past		Now	Past	
_____	_____	Anemia	_____	_____	Head injury
_____	_____	Arthritis	_____	_____	Headaches
_____	_____	Asthma	_____	_____	Heart murmur
_____	_____	Bruising	_____	_____	Heart palpitations
_____	_____	Cancer	_____	_____	Hepatitis: Type ___
_____	_____	Candida	_____	_____	Herpes
_____	_____	Cholesterol, high	_____	_____	Hypertension
_____	_____	Chronic fatigue	_____	_____	Hypotension
_____	_____	Constipation	_____	_____	Kidney stones
_____	_____	Depression	_____	_____	Low sex drive
_____	_____	Diabetes	_____	_____	Mental illness
_____	_____	Diarrhea	_____	_____	Mononucleosis
_____	_____	Digestive problems	_____	_____	Nose bleeds
_____	_____	Dizziness, vertigo	_____	_____	Numbness, Neuropathy
_____	_____	Edema	_____	_____	Prostate problems
_____	_____	Epilepsy	_____	_____	Sciatic pain
_____	_____	Food allergies	_____	_____	Skin problems
_____	_____	Frequent colds	_____	_____	TMJ
_____	_____	Frequent gas	_____	_____	Ulcers
_____	_____	Gallstones	_____	_____	Venereal disease
_____	_____	Hayfever allergies	_____	_____	Parasites (type and date):

Any other serious illness, injury or complaint? If so, name:

**DRUG HISTORY.** Please indicate current or previous use of the following:

Now	Past		Years usage
_____	_____	Anti-depressants, mood modifiers	_____
_____	_____	Antibiotics	_____
_____	_____	Antacids (Prilosec, Tagamet, etc.)	_____
_____	_____	Asthma medications	_____
_____	_____	Birth control pills	_____
_____	_____	Hormone Replacement Therapy	_____
_____	_____	Pain medication (Prescription)	_____
_____	_____	Steroids (Prednisone, etc.)	_____
_____	_____	Thyroid medication	_____
_____	_____	Alcohol (in excess)	_____
_____	_____	Cigarettes	_____
_____	_____	Amphetamines	_____
_____	_____	Cocaine	_____
_____	_____	Heroin	_____
_____	_____	Marijuana	_____

**WOMEN ONLY****Do you have a history of:**

- \_\_\_ Amenorrhea (long time spans without a period)
- \_\_\_ Breast implants. Were they removed? \_\_\_\_\_
- \_\_\_ Chronic vaginal or yeast infections
- \_\_\_ DES baby
- \_\_\_ Endometriosis
- \_\_\_ Hysterectomy. What year? \_\_\_\_\_
- \_\_\_ Infertility
- \_\_\_ Irregular periods
- \_\_\_ Menstrual cramps
- \_\_\_ Miscarriage
- \_\_\_ Ovarian cyst (single)
- \_\_\_ Polycystic ovaries
- \_\_\_ Pelvic Inflammatory Disease (PID)
- \_\_\_ Uterine fibroids

**Birth control method (past or present); number of years usage:****Menstrual history.**

- \_\_\_ Are you presently pregnant?
- \_\_\_ Are you presently suffering from menopausal disorder?
- \_\_\_ Have you completed menopause?

**If you are still having your periods:**

- \_\_\_ Is your period regular?
- \_\_\_ How many days between your periods?
- \_\_\_ How many days does your period last?
- \_\_\_ Are your periods painful?
- \_\_\_ Is your ovulation painful?
- \_\_\_ Do you bleed excessively? \_\_\_ Too little?
- \_\_\_ Do you discharge clots?
- \_\_\_ Do you get headaches during menstruation or ovulation?
- \_\_\_ Do you suffer from premenstrual syndrome (PMS)? If yes, please indicate:

- |                  |     |                   |
|------------------|-----|-------------------|
| ___ Irritability | ___ | Breast distention |
| ___ Headache     | ___ | Water retention   |

How many days before your period do the PMS symptoms begin? \_\_\_\_\_

**Pregnancy history.**

- How many times have you been pregnant? \_\_\_\_\_
- Did you have difficulty getting pregnant? \_\_\_\_\_
- Have you had any abortions? How many? \_\_\_\_\_
- Have you had any miscarriages? How many? \_\_\_\_\_
- Have you had an ectopic pregnancy? \_\_\_\_\_
- Did you have difficulty following childbirth? \_\_\_\_\_