

Middleway Medicine

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Welcome to Middleway Medicine!

Thank-you for choosing Middleway Medicine. Our mission is to provide safe and effective medical care, while helping each individual learn to better care for their own health. Traditional Chinese Medicine is an ancient system of healing that utilizes acupuncture, Chinese herbs, massage and qi gong therapy to bring about balance in the body. It can treat many conditions by itself, but it may also be used as a complementary therapy. We refer and work closely with physicians, medical specialists, other complementary therapists, as well as our patients, in order to offer the best care possible.

In order to serve you most effectively, we will need the following information. All information will be kept strictly confidential.

Name:_____	Date:_____
Address:_____	Age:_____ DOB:_____
City/State/Zip:_____	Phone:_____
SS#:_____	Email Address:_____
Employer:_____	Work Phone:_____
Emergency Contact:_____	Relation:_____ Phone:_____
Referred by:_____	Relation:_____

I voluntarily consent to be treated with acupuncture by Ann and/or Clark Zimmerman, Licensed Acupuncturists. I understand that acupuncture is the insertion of small needles into the body in an effort to normalize the body's normal physiological functions. I have been informed that only disposable needles will be used during each treatment.

I have been informed 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 aggravation of symptoms.

I have been informed that heat and electrical current may also be used in my treatments and that these may cause burning or minor electric shock.

I understand that Chinese herbs may be used in my treatment and may cause adverse side effects including, but not limited to: nausea, loss of appetite, stomach upset, or allergic reactions. I understand that if a problem occurs with my herbs, that I should discontinue their use immediately and contact my practitioner.

I have carefully read the above information and grant my consent to be treated.
