



## healthchii list of services & pricing

### invest in yourself

acupuncture/acupressure initial 60mins (tunia/cupping/guasha/moxibustion)	\$122
acupuncture/acupressure subsequent short 30mins	\$66
acupuncture/acupressure subsequent 45mins	\$99
acupuncture/acupressure long 90mins	\$155
acupuncture/acupressure long 90mins with extra	\$222
value pack of 5 subsequent 45mins treatments	\$399
pensioner & student concession	\$55
community acupuncture 10-15mins open group session	\$33
herbal formulas/granules/pills/supplements range from	\$15 to \$125
hypnotherapy/life coach/weight management 45-60mins	\$222
specialised session to target quit smoking	\$444
value pack of 5 treatments	\$999
integrative energy therapy 45-60mins	\$133
specialised integrative energy balance sessions (2)	\$333
value pack of 5 treatments	\$555

### **\* all treatments are by appointments only**

\* to ensure all my clients have an opportunity to start their healing journey please provide 24 hours for rescheduling or cancellation of your appointment. \$30 fee charge will apply if the cancellation of an appointment is under 24 hours notice.

\* **\$2 of each treatment with healthchii will be donated to headspace**

\* **We welcome further donations**

**\*Thank you for your donation\***



## **Disclosures and Consent**

### **Welcome to healthchii and thank you for choosing our healthcare services.**

healthchii assures that the information contained within your clinical record is confidential, however we may need to correspond with various third parties, including your GP, specialist or insurance company with your permission. Your data/photos/videos may be used for advertising/marketing, educational and research purposes but it will not be possible to identify a particular client. healthchii will not use any personal identifying information in such instances unless you provide consent.

Nonetheless, should you wish **NOT** to have your data used for educational or research purposes etc, **please tick this box.**

#### **acupuncture/herbal medicine/supplements/food therapy**

I consent to receive Chinese medical treatment at healthchii, which may include acupuncture, herbal remedies, food therapy, recommended dietary and stretching or lifestyle advice and other manual therapies. I understand that acupuncture, tuina (massage), guasha, cupping, dry needling, moxibustion are intended to enhance relaxation, reduce pain caused by muscle tension, inflammation or injury, increase range of motion and improve circulation. Please be aware that any health care procedure may involve side affects. Some side affects are tiredness, bruising, bleeding, pain, burns, skin infections, allergic reactions, interactions with medication and temporary healing crisis. For prevention of these side affects, please notify the practitioner of any existing condition or requests relating your medical history may compromise the quality of care administered.

#### **hypnotherapy/intergrative energy therapy/life coaching**

I consent to receive hypnotherapy/intergrative energy therapy/life coaching at healthchii, as the intent is to enhance relaxation, reduce pain and target specific issues that is inhibiting the natural function of the body or facilitate in correction of unhealthy lifestyle habits. I understand non invasive and natural methods are used in the assessment and treatment of dysfunctions.



I understand it is my duty to provide an accurate personal health/medical history and I consent to use of neuro linguistic method, Clinical Hypnosis and muscle testing to be performed on me with thorough explanation by the practitioner. Please be aware that any health care procedure may involve side affects such as healing crisis. I understand that I am able to ask questions and to notify the practitioner of any changes during the assessment period of my health plans in regards to previous or current health recommendations.

I understand a **\$30 fee** charge will apply if the cancellation of an appointment is **under 24 hours notice.**

Please be aware healthchii will send appointment reminders and other information by SMS or email.

By proceeding with the consultation and signing this form, you acknowledge that you have read and understood the above statement and all the treatment information provided have been satisfactorily answered with clear explanation of each treatment. The consultation includes the best treatment strategy, this could be a combination of modalities within one treatment.

Name:

Address:

DOB:

Gender: M/F/Other?

Phone:

Email:

Referral: friend/family/colleague, google, facebook, website, walk-by, other?

Signature:

Date:



*optimal health naturally*