

ACUPUNCTURE QUESTIONNAIRE

1. Practitioner name: _____
2. Name of facility where you practice: _____
Address: _____
City: _____ Zip: _____ Telephone _____
3. How long have you been practicing acupuncture? _____
4. Where did you receive your acupuncture training? _____
5. Did you complete an apprenticeship? Yes No
If yes, who was your proctor? _____
6. Do you use an informed consent form? Yes No
If yes, please provide a copy.
7. Have you successfully passed the America Academy of Medical Acupuncture proficiency exam (CAQ)? Yes No
8. Have you taken acupuncture CME courses? Yes No
If yes, which ones? _____
How many hours? _____
Who taught the class? _____
9. Do you have hospital privileges for acupuncture? Yes No
10. How many acupuncture patients have you treated (total)? _____
11. How many acupuncture patients do you see per week (average)? _____
12. Do you perform any other Traditional Chinese Medicine (TCM) or eastern medicine techniques (i.e., plum blossom hammers, cupping, herbal medicine, etc.)? Yes No
If yes, please list the techniques you use: _____

Please list any other nonconventional modalities you use in your practice (i.e., magnets, aromatherapy, etc.)

13. Do you use electro acupuncture? Yes No
14. Do you use moxibustion? Yes No
15. Where do you practice acupuncture? _____

16. How much of your practice consists of acupuncture as treatment for pain management? _____%
17. Do you insert medication pumps and/or stimulators for pain management? Yes No
If yes, please provide your patient selection criteria: _____

18. What kind of charting do you conduct? _____

19. In your charting how do you document the subjective vs. the objective portions of your treatment?

Additional questions for physicians using herbal medicine in their practice—

1. When and where did you receive your training in herbal medicine? _____

2. Have you completed the Washington Academy of Medical Acupuncture's two-day training course?

Yes No

3. Do you sell the herbs? Yes No

Signature

Date

Washington State law requires us to inform you of the following: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Please return to:

Seattle Office:
Physicians Insurance A Mutual Company
Attn: Underwriting Department
PO Box 91220
Seattle, WA 98111
(206) 343-7300 (800) 962-1399
F (206) 343-7100

Eastern Regional Office:
Physicians Insurance A Mutual Company
Attn: Underwriting Department
421 W. Riverside Avenue, Suite 1200
Spokane, WA 99201
(509) 456-5868 (800) 962-1398
F (509) 456-0821

