



Enjoy Vibrant Living  
know your vibrancy

Enjoy Vibrant Living  
Alexander M. Love, M.Ac., Dipl.OM, NTS.

303.947.1315  
1800 30<sup>th</sup> St. Suite 310  
Boulder, CO 80301  
www.EnjoyVibrantLiving.com

## Patient Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like to receive our e-newsletters and communications? Yes \_\_\_\_\_ No \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

How did you hear about our services? \_\_\_\_\_

Name and Address of regular physician:

\_\_\_\_\_  
\_\_\_\_\_

Date of last appointment with regular physician: \_\_\_\_\_

Reason for that appointment: \_\_\_\_\_

Please list all medications, vitamins and/or food supplements you are currently taking:

Medications:	Dosage:
Vitamins:	
Food Supplements:	



Enjoy Vibrant Living  
know your vibrancy

**Enjoy Vibrant Living**  
**Alexander M. Love, M.Ac., Dipl. OM, NTS. (NCCAOM)**

**303.947.1315**  
**1800 30<sup>th</sup> St. Suite 310**  
**Boulder, CO 80301**  
**www.EnjoyVibrantLiving.com**

### **Consent to Treatment Form**

**Voluntary:**

I hereby voluntarily consent to be treated by acupuncture, core synchronism and/or homeopathy. The procedures involved in these treatments have been explained to me. I understand that my questions about the safety of acupuncture, core synchronism, and homeopathy and the precautions taken by my acupuncturist/natural medicine practitioner are most welcome and will be answered as fully as possible.

I understand I may be treated with the insertion of needles and/or with the application of heat to the skin. I understand that with acupuncture, core synchronism, and homeopathy treatments I may see positive changes in many areas of my life, in addition to those for which I am specifically seeking treatment. And, I have not been guaranteed any success concerning the uses and effects of acupuncture, core synchronism, or homeopathy. I understand that I am free to discontinue treatment at any time.

**Possible Side Effects/Healing Responses:**

I understand that acupuncture may result in certain side effects, including local bruising, slight bleeding, or fainting. I understand that acupuncture, core synchronism, and/or homeopathy may result in certain side effects including, temporary pain or discomfort, and temporary aggravation of symptoms existing prior to treatment.

**Medical Referral:**

I understand that if there is any worsening of my ailment or condition, if it does not show any signs of improvement, or if a new ailment or condition arises that I should consult a licensed physician.

**Infectious Disease/Clean Needle Procedures:**

I understand that according to the allopathic medical field there are infectious diseases carried through the air, through physical contact, and through blood and body fluids. I understand that my acupuncturist follows universally prescribed precautions to guard against the spread of infection.

I agree to inform my acupuncturist prior to receiving treatment if I am infectious so that she may take appropriate steps to control the spread of infection. I also understand that my practitioner will need to reschedule my appointments in the case that he is infectious.

**Patient Responsibility:**

I understand that it is my responsibility as a patient to inform my natural medicine practitioner about all aspects of my health and that, as treatment progresses, to inform my practitioner of any changes that occur. I understand that I must be an active participant in my wellness and that I will work in partnership with my practitioner towards meeting my wellness goals. I also understand that acupuncture, core synchronism, and homeopathy treatment is a process of promoting wellness and not an overnight cure.

I understand that it is my responsibility to give at least 24 hours notification if I have to cancel an appointment. If I cancel a scheduled appointment with less than 24 hours notice, I understand that I am responsible for paying the full treatment fee to my practitioner.

I have read this form carefully. I have felt free to ask questions regarding this process, and it has been satisfactorily explained to me.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Alexander M. Love, M.Ac., Dipl. OM. (NCCAOM)

\_\_\_\_\_  
Date



Enjoy Vibrant Living  
know your vibrancy

## **Mandatory Disclosure**

### **Business:**

Enjoy Vibrant Living  
Alexander M. Love. M.Ac., Dipl. OM, L.Ac., NTS  
1800 30<sup>th</sup> st. suite 310  
Boulder, CO 80301  
(303) 947-1315

### **Fee Schedule:**

Traditional Diagnosis/Intake: \$350.00  
Acupuncture Treatment: \$150.00  
Client or perspective clients committed to their health and the healing process will not be turned away due to financial difficulties. Inquire within to learn about affordable payment options.

### **Education and Experience:**

#### **Present**

Pursuing a Ph. D in Classical Chinese Medicine at the American University for Complimentary Medicine studying with international renowned Taoist priest Jeffery Yuen.

#### **2000-present**

Natural medicine private practice - Enjoy Vibrant Living (Boulder, CO).

#### **2007-2009**

Completed a two-year Homeopathy program studying the Vital Sensation Method developed by Dr. Rajan Sankaran.

#### **2009**

Attended a three day seminar on *Spiral Dynamics in Action* with author of 'Spiral Dynamics', Dr. Don Beck Ph.D.

**2007**

Attended a course in Spiral Dynamics, taught by Christopher Cooke.

**2004-2006**

Completed an advanced Chinese Herbology course/apprenticeship with Master Herbalist, Thea Elijah. Concentration: The spirit level of Chinese Herbalism and energetic perception skills for diagnosis and treatment.

**2004-2006**

Completed a Clinical Integration course with Master Acupuncturist Lonny S. Jarrett. Concentration: Chinese Pulse Diagnosis (Shen/Hammer tradition) and Evolutionary Acupuncture, diagnosis and treatment.

**2005-2006**

Studied plant Spirit Medicine with Naropa University adjunct faculty member, Marlow Brooks.

**2001-2004**

Received a Bachelors Degree in Health Studies, a Masters degree in Acupuncture, and a certificate in Chinese herbal medicine from the Academy for Five Element Acupuncture, Hallandale Beach Florida. Main concentration was in the practice of Five-Element Acupuncture and Chinese Five-Element Herbalism.

**2000-2001**

Studied Five-Element Acupuncture at the Institute for Taoist Education and Acupuncture, Louisville, CO. Concentration: Foundations in Five-Element theory and practice.

**2000-2003**

Completed 224 hours of education in bodywork modality Core Synchronism. Including 16 hrs. of Core Synchronism for pregnancy. Additional skills in endocrine, lymphatic, and fascia health with Master instructor Dr. Robert Stevens, ND. Received certificate: Certified Core Synchronism practitioner. Also certified to teach Core synchronism levels I, II, III. As well as certified to teach levels IV-VI as a secondary instructor.

**1999-2000**

Studied Classical Homeopathy at the Devon School of Homeopathy. Devon, England (correspondence course) Concentration: Foundations of Classical Homeopathy.

**2000**

40 hours of training in Holistic Hair Analysis (Rae Method). Instructor Robert Stevens, ND. Concentration: Dowsing, Radionic therapeutics

**1999-2000**

Studied Bodywork and Natural Cure at the New Mexico School of Natural Therapeutics (NMSNT). (6 months/751 hours) Concentration: Polarity Therapy, Massage, Foundations of Natural Medicine/Nature Cure. Additional study in Shiatsu, Homeopathy, Flower essences, Western Herbalism, Chinese medicine, Reflexology, body-mind counseling skills. Certification: Natural Therapeutics Specialist.

**1998-1999**

Studied Inter-Arts and Natural Health at The Naropa University, Boulder CO. Attended for three semesters.

**1996-1998**

Studied Music at the Berklee College of Music. Concentration: Guitar, African Drumming.

**Licenses, Certificates, or Registration in Health Care Profession:**

- Certified Natural Therapeutics Specialist (NMSNT)
  - Certified in Chinese Herbal Medicine (AFEA)
  - Bachelors degree in Health Studies (AFEA)
  - Masters Degree in Acupuncture (AFEA)
  - Diplomate in Acupuncture (NCCAOM)
  - Diplomate in Oriental Medicine (NCCAOM)
  - Licensed Acupuncturist (Colorado) #1013
  - No licenses have been revoked or suspended
- 
-

---

---

I, Alexander Micah Love, comply with all rules and regulation promulgated by the Colorado Department of Public Health and Environment, including those related to the proper cleaning and sterilization of needles used in the practice of acupuncture and sanitation of acupuncture offices.

The Colorado Department of Regulatory Agencies regulates this Acupuncture practice. The Director's address and telephone number is:

Director of Registrations  
Acupuncture Licensure  
1560 Broadway, Suite 1350  
Denver, CO 80202  
(303) 894-7800

You as a patient are entitled to receive information about the methods of therapy, the techniques used and the duration of therapy, if known.

In addition to needling, I also incorporate Moxibustion and Chinese Herbal Medicine in my acupuncture practice. I received training in both these techniques from the Academy of Five-Element Acupuncture.

You as a patient may seek a second opinion from another health care professional and may terminate therapy at any time.

In this professional relationship, sexual intimacy is never appropriate and should be immediately reported to the Director of the Division of Registrations in the Department of Regulatory Agencies.

Signature \_\_\_\_\_ Date \_\_\_\_\_