

Patient Confidential Information

PERSONAL CONTACT INFORMATION

Name _____
First Middle Last

Address _____
Street City State Zip

May we send cards, updates and newsletters pertaining to Good Health Acupuncture to your home address? YES/NO

May I leave a message at the following? Home Phone YES/NO Number: _____
Business Phone YES/NO Number: _____
Cell Phone YES/NO Number: _____

May I contact you by email with updates or newsletters pertaining to Good Health Acupuncture? YES/NO

Email address _____

Age _____ Date of Birth _____ Sex M/F Marital Status M S D W

Occupation _____

Employer's Address _____
Street City State Zip

EMERGENCY CONTACT INFORMATION

Spouse's Name _____ Occupation _____
Phone _____

In Case of Emergency, Call _____ at _____
Name Relation to Patient Phone

FOR MINORS: List both parent's names and addresses

CASE HISTORY

Chief Complaint _____

Complaint result of Auto Accident Injury Job Related Other _____

Date of accident/injury/other ____/____/____

Have you seen any other doctor about this condition? _____ If yes, when? _____

Doctor's Name _____ Address _____

Have you had recent X-Rays? _____ If yes, when? _____

FOR FEMALES: Are you pregnant? YES/NO If yes, how long? _____

FINANCIAL ARRANGEMENTS

How do you plan to handle your account? Cash Check Visa MasterCard

RELEASE OF INFORMATION

Virtually all of our patients come to Good Health Acupuncture & Chinese Herbs, Inc. by referrals. We would appreciate your permission to thank your referrer. Please be assured that your medical condition and treatment will NEVER be divulged.

Referred by _____ Patient Signature _____

I have read the above information and certify it to be correct to the best of my knowledge and belief and hereby authorize this office to do whatever is necessary, in accordance with state statutes, for the care and management of this complaint.

DATE _____ PATIENT SIGNATURE _____

Thank you for choosing Good Health Acupuncture & Chinese Herbs, Inc