

Patient Information Form

Personal Information:

Date:

Name(Last)			(First)			(MI)		
Address				City		State		Zip
Phone(home)			(mobile)			(work)		
Email								
DOB		Age		Sex M / F / T		Height		Weight
Marital Status				#/Age of Children				
Occupation			Employer/Address			Military Y / N dates:		
Emergency Contact (name) (relationship to patient)						(phone)		

Are you currently under the care of a physician? **Y / N** (explain) _____
 Primary Care Physician _____ PCP phone # _____

Have you had acupuncture or Chinese medical treatments before? **Y / N** Can you explain your experience? _____

For appointment reminders and information related to your health, how may we best contact you? **__home phone __mobile phone __work phone __email**
 May we indicate that we are "Revival Within Acupuncture and Wellness"? **Y / N**

How did you hear about us? (If you were referred by someone, can you provide their name and contact information so that we can thank them? _____)

__Friend __Family __Physician __Healthcare Practitioner
__Printed Brochure/Card (where? _____) __Search Engine (name: _____)
__Groupon __Other _____

I understand that if I am under the care of or receiving care from a physician, it is my responsibility to notify the noted physician of any herbal products that I am taking as part of my treatment with this clinic.

Signed:	Date:
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