

Jyoti Elias, L.Ac., MS

Patient Intake Form

Name (Last, First): _____

Date of Birth: _____ Age: _____ Gender: _____

Place of Birth: _____ Height: _____ Weight: _____

Address (Street): _____

City: _____ State & Zip Code: _____

Mobile Phone: _____ Email: _____

Home Phone: _____ Work Phone: _____

Occupation: _____ Employer: _____

Marital Status:

Single _____ Living with Partner _____ Married _____ Divorced _____ Widowed _____

Referred By: _____

In Case of Emergency Notify: _____ Phone: _____

Have you been treated by acupuncture or Chinese Medicine before? Yes _____ No _____

Date of Last Physical Examination: _____ Name of Physician: _____

Clinic's Policy:

Fees for consultation, acupuncture treatment and remedies are paid to the clinic at the time of appointment. If I need to cancel or reschedule my appointment, I will call at least 24 hours before my scheduled appointment. For cancellations made less than 24 hours in advance, I will be charged the full appointment fee.

I have read the above and abide by the rules and conditions.

Signature: _____ Date: _____

