**PERSONAL INFORMATION**

**Patient’s Name: \_\_\_**Click or tap here to enter text.

**Street Address:** Click or tap here to enter text.

**Home Phone:** Click or tap here to enter text.

**Work Phone:** Click or tap here to enter text.

**Cell Phone:** Click or tap here to enter text.

**Birth Date:** Click or tap here to enter text.

**Occupation:** Click or tap here to enter text.

Would you like to receive my free email newsletter about my upcoming classes, and tips on self-care?

Is it OK for me to email you about issues regarding your care of payments?

Is it Ok to leave a message with someone else about issues regarding your care of payments?

**INSURANCE:**

If you will ever be using insurance to pay for your treatments, please sign this box.

**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS**

Kindly furnish my insurance company or their representatives with all information you may have regarding my condition while under your treatment or observation, including history obtained physical findings, diagnosis, and prognosis.

**Print name:** Click or tap here to enter text.**Signature:** Click or tap here to enter text.**Date:** Click or tap here to enter text.

**MISC. INFORMATION:**

**Marital Status:** [ ] Single [ ] Married [ ]  Divorced [ ]  Widowed

Is your condition a result of a work injury? [ ]  Yes [ ]  No Auto Accident: [ ] Yes [ ]  No Other injury: [ ] Yes [ ]  No

**REFERRAL INFORMATION**:

Referred by: Click or tap here to enter text. Phone Click or tap here to enter text.

Street Address: Click or tap here to enter text.\_City:\_Click or tap here to enter text.State:Click or tap here to enter text.\_ Zip:[ ]

**EMERGENCY CONTACT:**

If you have any emergency, whom do we contact: Click or tap here to enter text.Phone: Click or tap here to enter text.

**PRIVACY POLICY**

I have been presented with a copy of the Kicotan Acupuncture & Holistic Healing’s notice of Privacy Policy detailing how my information may be used and disclosed as permitted under federal and state law.

**Signature:** \_\_ \_\_\_\_\_\_\_\_\_**Date**:\_\_\_\_\_\_\_\_\_\_**Witnessed by**: Guadalupe Vanderhorst Rodriguez, L.Ac