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Transformational Healing Arts
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During your first visit, I hope to come to understand your health concerns, answer questions you may have and give you an examination using the Oriental Medical approach. Afterwards, we will review the results together and look at options available for treatment of your condition.

It is important that you are on time for all appointments. A certain amount of time is allotted for each patient visit. If you are late, your remaining time may not be sufficient for your full treatment. The office visit or phone consultation fee will still apply. Payment is due at the time services are rendered.

I am committed to seeing that all of my patients are given the opportunity to receive appropriate health care. If you find any of the conditions of treatment difficult to meet, please feel free to talk to me about them and we will make arrangements together accordingly. Office visits are currently \$80.00 for one hour.

If you need to cancel or reschedule your appointment, please contact my office a minimum of 24-hours in advance to avoid the office visit or phone consultation fee.

I have read and understand the statements above and understand that I may be charged in full for the cost of missed appointments or cancellations made with less than 24-hours notice.

Initials

ALL INFORMATION IS STRICTLY CONFIDENTIAL

PLEASE PRINT CLEARLY

Name _____ Date ____/____/____

Address _____ City _____ State _____ Zip _____

Home Ph. (____) _____ Work Ph.(____) _____ Cell Ph. _____

Age: _____ Sex: _____ Height: _____' _____" Weight _____ lbs. Date of Birth ____/____/____

Email address: _____

May I have your permission to send you monthly E-newsletters and/or E-appointment reminders? Yes No

Relationship Status: _____ Occupation _____

Party responsible for payment _____

Emergency Contact: _____ Relationship _____ Phone # (____) _____

How did you hear about this office? _____

Diagnosing/referring practitioner _____

Diagnosis/Major Health Complaint _____

Health Professionals Seen for this Condition _____

How, When, and where did this condition begin? _____

How does This Condition Impair Your Daily Activities? _____

Please list the main health problems you would like to be free of in order of importance:

1) _____ 3) _____

2) _____ 4) _____