



**CONFIDENTIAL PATIENT INFORMATION**

<b>Date</b>		<b>Full Name</b>		<b>Preferred Name/Nickname</b>	
<b>Gender</b> <b>M F</b>	<b>Date of Birth</b> (MM/DD/YYYY)	<b>Age</b>	<b>Marital Status</b>		
<b>Address</b>		<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Social Security Number</b>			<b>Driver's License Number</b>		
<b>Daytime Phone #</b> (home, work, cell – circle one) (     )			<b>Alternate Phone #</b> (home, work, cell – circle one) (     )		
<b>Email</b> (Your email will be used to send appointment confirmations, birthday cards or newsletters.)					
<b>Emergency Contact</b>			<b>Relationship to Emergency Contact</b>		
<b>Phone Number of Emergency Contact</b> (     )			<b>Preferred Method of Contact</b> Email    Phone    Text Msg    Postal Mail		

<b>Primary Insurance</b>	<b>Alternate Insurance</b>
<b>Subscriber Name</b>	<b>Subscriber Name</b>
<b>Group Number</b>	<b>Group Number</b>
<b>ID Number</b>	<b>ID Number</b>
<b>Date of Birth (MM/DD/YYYY)</b>	<b>Date of Birth (MM/DD/YYYY)</b>
<b>Patient's Relationship to Subscriber</b> <b>Self      Spouse      Child</b>	<b>Patient's Relationship to Subscriber</b> <b>Self      Spouse      Child</b>



## Family Wellness Acupuncture Inc.

Primary Care Doctor	Specialty
How did you hear about us?	
<b>Cancellation Policy – I acknowledge that I will give <u>at least 24 hours</u>' notice of cancellation to avoid a charge for the session. This is a courtesy to other patients who may need that appointment time.</b> INITIALS _____	