

## Ping Chao Acupuncture Patient Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Tel: \_\_\_\_\_

Nature of Aliment: \_\_\_\_\_ Cause: \_\_\_\_\_

Date of Current Illness/Injury: \_\_\_\_\_ First Date of Similar Illness: \_\_\_\_\_

If you have had any of the conditions listed below before or during our treatment, please indicate. We are not responsible for any problems in treating a condition that is not mentioned here.

Heart disease, Type \_\_\_\_\_ Peacemaker (yes/no), List of medication \_\_\_\_\_

Blood disease, Type \_\_\_\_\_, List of Medication \_\_\_\_\_

Cancer, Type \_\_\_\_\_, List of Medication \_\_\_\_\_

Diabetes, Type \_\_\_\_\_, List of Medication \_\_\_\_\_

High Cholesterol \_\_\_\_\_

High or Low Blood Pressure, List of Medication \_\_\_\_\_

Liver Disease, Type \_\_\_\_\_, List of Medication \_\_\_\_\_

Kidney Disease, Type \_\_\_\_\_, List of Medication \_\_\_\_\_

Hepatitis, Type \_\_\_\_\_, List of Medication \_\_\_\_\_

Depression, List of Medication \_\_\_\_\_

Insomnia, List of Medication \_\_\_\_\_

Stroke, Type \_\_\_\_\_, List of Medication \_\_\_\_\_

Hyper or Hypo thyroid, List of Medication \_\_\_\_\_

Any Operation? (List) \_\_\_\_\_

Pregnant now \_\_\_\_\_

Our office accepts most insurance plan that covers acupuncture. Patients are responsible for their own deductible and co-pay amount, also for services not covered by the insurance plan.

I authorize payment of medical benefits directly to Ping Chao Acupuncture for the services provided to me. I authorize the release of any medical information necessary to process insurance claims. I fully understand that I am directly and fully responsible for all medical bills to service rendered.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_