# Acupuncture & Alternative Medicine

915 Montgomery Ave, Suite 401
Narberth PA 19072 (610)-285-8228

**Patient Information Sheet** (Please print clearly)

First Name_____ Last Name_____

Date of Visit_____ Date of Birth_____ Male/Female

Phone Number:

Home_____ Office _____ Cell_____

Email Address_____

Would you like to receive the doctor's monthly electronic health newsletter that includes periodic promotions? Yes / No

Address:

Street _____

City_____ State _____ Zip Code _____

Referred By (Name) _____

Physician ( ) Friend ( ) Phonebook ( ) Internet ( ) Other ( )

**Main Problem(s)** you would like help with:_____

_____

_____

How long ago did this problem begin (be specific)?_____

_____

Have you been given a diagnosis for this problem: If so, what? _____

_____

What kind of treatments have you tried?_____

_____

**Past Medical History** (please circle and include date):

Cancer_____ Diabetes_____ Hepatitis A B C _____
High Blood Pressure_____ Heart Disease_____ Pacemaker_____
Thyroid Disease_____ Seizures_____
HIV/AIDS_____ Other_____

Comments:_____

_____

_____

Payments are expected at the time of treatment. Please inform us one day in advance if you are unable to keep your appointment. Thank you.

Signature: _____ Date_____

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