

Patient Information

CONFIDENTIAL

Acu Pointe Healing Therapies 4532 E Windsong Dr / Phoenix, AZ 85048 Phone: 480-221-5808

Welcome to Acu Pointe Healing Therapies

Please take a moment to provide us with some information about yourself and your health conditions so that we may do our best to treat you. Acu Pointe Healing Therapies considers this information privileged physician/patient communication and will hold it in confidence.

Name (Last,First,Middle)	Date
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Age	Date Of Birth	Sex <input type="radio"/> Male <input type="radio"/> Female	Marital Status <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed
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Phone	Email Address
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Home Address

City	State	Zip
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Occupation	Cell Phone
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Employed By

Employers Address

City	State	Zip
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Social Security Number

Spouse's Name

Contact In Case Of Emergency	Relationship	Phone
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Additional Information /Notes

I understand that the diagnosis and treatment plan I will be given by Acu Pointe Healing Therapies is based upon Traditional Chinese medical principles and natural treatment only, and does not constitute a western medical diagnosis. I understand that I am not to rely on Traditional Chinese diagnosis and treatment as my sole remedy for the treatment that I am seeking. I understand if no substantial improvement is made the condition for which I am seeking consultation, I am to seek advice from a western medical doctor. Further, if I am concurrently undergoing western medical treatments, it is my responsibility to advise my physician of any herbal supplements I am concurrently taking.	
Signature	Date