

Lynn S. Belcher, Licensed Acupuncturist, MSTCM, Massage Therapist, Herbalist

PATIENT INFORMATION (Please Print/Complete in Full) /office: Stanyan Baker

Full Name:	Today' s Date:	
Birth Date:	Age:	
Email:		
Full Address:	How long lived at current address?	
Telephone: home:	work:	mobile:
Best number to reach you?	Is it okay to leave a detailed message?	
Highest level of education?	Occupation?	
Employment Status: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Self Employed <input type="checkbox"/> Home Office <input type="checkbox"/> Other:		
Living Arrangement/Relationship Status:		
How did you find out about Clear Pathways Acupuncture & Wellness?		
Emergency Contact:	Relationship?	Tel.#?
Have you ever tried acupuncture before? Did you have a good experience?	If yes, for what reason?	

Confidentiality: Your patient records and information will be kept strictly confidential and will only be shared when necessary to provide your care, or under your written authorization, or when required by law.

Primary Care Physician & Insurance Information

Primary Physician:	Telephone:
Physician' s Address (or name of clinic/hospital):	

Note on Insurance: Full payment is due at the time of service. Upon request, a Superbill will be provided. A Superbill is an invoice using standardized codes for treatments received, which you can submit directly to your insurance company for reimbursements. Please call your insurance carrier to find out about your insurance plan's coverage for acupuncture and related services.

Signed: _____ Date: _____