

ELEMENTAL CHANGES Oriental Medical Arts

NEW PATIENT FORM (preliminary information for first visit) ~ 24 hours notice by phone is required prior to changing any scheduled appointment or a fee will be assessed.



Please print this form and bring it with you to your first appointment or you may mail it if completed 4 days in advance of your scheduled appointment.

NAME:

_____ **AGE:** _____ **DOB:** _____

ADDRESS:

EMAIL:

PHONE:

EMERGENCY CONTACT (name, relationship to you & phone number):

HEIGHT:

WEIGHT:

OCCUPTION:

REFERRED BY:

Amounts Consumed Weekly

SMOKING:

COFFEE, SOFT DRINKS, TEA:

ALCOHOL:

DRUG USE:

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MEDICAL HISTORY (major illnesses, surgeries, considerations i.e. suicide attempt, etc. including dates):

MEDICATION AND SUPPLIMENTS (taken within the past 6 weeks, including dosages):

PLEASE SHARE ADDITIONAL CONCERNS:

Signature & Date:

**Thank You for Being Here and for Referring Your Loved Ones & Friends to
Experience the Benefits of Oriental Medicine.**

~Your Expression of Confidence is Sincerely Appreciated~