

## Patient Information Form

Date \_\_\_\_\_

**Name**

First \_\_\_\_\_ Last \_\_\_\_\_

**Address**

Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**Gender**

- Female  Male  Non-binary/ third gender  Prefer to self-describe \_\_\_\_\_  
 Prefer not to say

Emergency Contact \_\_\_\_\_ Phone number \_\_\_\_\_

Do you have children? / How many \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Email Address \_\_\_\_\_

Please list the phone number where we may contact you \_\_\_\_\_

Have you received acupuncture before Y / N

Who can we thank for your referral to Source Point Community Acupuncture?

\_\_\_\_\_

**Cancellation Policy:**

Please note: It is very important to us to be able to offer our services at an affordable price. If you must cancel, please kindly do so within 24 hours of your scheduled appointment.

**\*\*If 24 hours cancellation notice is not given, you will be charged a \$35 fee.\*\***