

PATIENT CONFIDENTIAL INFORMATION

Name _____
First Middle Last

Address _____
Street City State Zip

Home Phone _____ Mobile Phone _____

Other Phone _____ Email _____

How would you like to be reminded of your appointment?
 phone (circle number) text message email don't remind me

Date of Birth _____ Sex MF Marital: M S O

Chief Complaint _____

Have you consulted a physician or specialist regarding your condition? YN

In case of emergency, call _____
Name relation phone

FOR FEMALES: Are you pregnant? _____ If yes, how long? _____

For MINORS: List name and address of legal guardian _____

Referred by: People Newspapers Cliff Dweller Magazine Yellow Pages
Psychology Today Yahoo Google
Acufinder.com Other internet (please list) Other (please list)

I have read the above information and certify it to be true and correct to the best of my knowledge and belief and hereby authorize this office to do whatever is necessary, in accordance with state statutes, for the care and management of this complaint.

DATED _____

PATIENT SIGNATURE _____
(guardian if patient is a minor)

Payment is due the day of treatment. Laura Yoo, L.Ac., accepts Visa, Mastercard, cash, checks, and paypal. There is a \$20 fee for returned checks.

90 minute session: \$80

60 minute session: \$60

Facial acupuncture: \$100

Ear protocol for weight loss and addiction therapy: \$20, free with regular session

Herbal consultation: \$20+product, consultation cost waived with regular session

Paperwork discount: \$5 off initial treatment

No-shows: \$45

Cancellation within 24 hours of appointment, unless appointment was made within 24 hours: \$30

- I acknowledge and accept the schedule of payment and appointment policies.
- After being referred by a chiropractor, if after 120 days or 30 treatments, whichever comes first, no substantial improvement occurs in the condition being treated, I understand that the acupuncturist is required to refer me to a physician. It is my responsibility and choice whether to follow this advice.
- I consent to acupuncture and other procedures associated with Traditional Chinese Medicine performed by Laura Yoo, L.Ac. I understand that methods of treatment may include but are not limited to: acupuncture, cupping, gua sha, and heat therapy. I have been informed that acupuncture is a safe method of treatment, but that it may have side effects, including bruising, numbness or tingling near the needle sites that may last a few days, and dizziness or fainting. Bruising is a common side effect of cupping. Unusual risks of acupuncture include miscarriage, organ puncture, and infection. I have discussed the nature and purpose of my treatment with Laura Yoo, L.Ac.

Patient Signature

Clinic Signature