

Chia Chia Cheng, L.Ac. - Patient Registration

Patient name _____

Occupation _____

Address _____

Employer _____

City/State/Zip _____

Employer address _____

Cell phone _____

City/State/Zip _____

Other phone _____

Phone _____

Email _____

Emergency contact _____

Date of birth _____ Age _____

Phone _____

Married Single Divorced Widowed

Relationship _____

Subscribe to our newsletter? Yes No

Referred by _____

Why are you here? _____

If you've had previous treatment for this condition, describe what worked _____

Other conditions you would like help with (*in order of importance*) _____

Current medications/drugs _____

Current supplements _____

How often do you use the following? Tobacco _____ Marijuana _____ Coffee _____ Alcohol _____

Major illnesses/accidents (*with year*) _____

Surgeries/Procedures (*with year*) _____

Scars/Tattoos (*with location*) _____

Past injuries _____

Children (*age, sex, conditions*) _____

Family history _____

Please complete other side

Nutritional Response Testing (NRT) is an optional technique available to you as a patient. NRT is a technique used for finding imbalances in your body's nervous system. NRT is not a diagnostic tool. If you choose to participate in NRT you are aware that the findings are for the purpose of selecting the nutritional and herbal support that is best for your body and that NRT does not produce any working diagnosis.

Do you have insurance which may cover acupuncture? Yes No If yes, please present insurance card.

Insurance Patients: I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. I authorize the release of any medical information necessary to process this claim and authorize payment of services to this office. I understand that any amount paid directly to this office will be credited to my account. I permit this office to endorse co-issued remittance for the conveyance of credit to my account. However, I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment.

If we cannot bill on your behalf, we will provide a superbill to help you submit a claim.

*** Insurance benefits quoted are not a guarantee of benefits. It is your responsibility to verify your insurance benefits. We assume no responsibility for information provided to us by either you or your insurance company. Please call your insurance company with specific questions to clarify coverage for acupuncture. Please make payment for your portion of charges at the time of each visit.*

Patients without Insurance: Please make payment for services at the time of each visit. We accept checks, cash and Visa/Mastercard.

A day of service rate is available to all patients who pay in full at the time of service and for whom we do not need to bill insurance. Patients may opt to pay in full, receive the discount and send their itemized receipt to their insurance company for direct reimbursement.

Patient's signature _____ Date _____

In case of minor, authorization for treatment by parent or guardian

Parent or guardian signature _____ Date _____
