

Patient Information

CONFIDENTIAL

Infinite Healing Center - 6638 E. Baseline Rd., Suite 103 Mesa AZ 85206

Welcome to the Infinite Healing Center

Please take a moment to provide us with some information about yourself and your health conditions so that we may do our best to treat you. Acu Pointe Healing Therapies considers this information privileged physician/patient communication and will hold it in confidence.

Name (Last,First,Middle)		Date	
Age	Date Of Birth	Sex <input type="radio"/> Male <input type="radio"/> Female	Marital Status <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Seperated <input type="radio"/> Divorced <input type="radio"/> Widowed
Phone		Email Address	
Home Address			
City		State	Zip
Occupation		Cell Phone	
Employed By			
Employers Address			
City		State	Zip
Social Security Number			
Spouse's Name			
Contact In Case Of Emergency		Relationship	Phone
Additional Information /Notes			
<p>I understand that the diagnosis and treatment plan I will be given by Acu Pointe Healing Therapies is based upon Traditional Chinese medical priciples and natural treatment only, and does not constitute a western medical diagnosis. I understand that I am not to rely on Traditional Chinese diagnosis and treatment as my sole remedy for the treatment that I am seeking. I understand if no substantial improvement is made the condition for which I am seeking consultation, I am to seek advice from a western medical doctor. Further, if I am concurrently undergoing western medical treatments, it is my responsibility to advise my physician of any herbal supplements I am concurrently taking.</p>			
Signature		Date	