

Marian Hughes Acupuncture



Phone: 707-293-6647

Marian Hughes,
Licensed Acupuncturist

PATIENT CONFIDENTIAL INFORMATION

1. Name _____
First Middle Last

2. Address _____
Street City State Zip

3. Home Phone _____ 4. Business Phone _____

5. Fax _____ 6. Email _____

7. Age _____ 8. Date of Birth _____ 9. Sex _____ 10. Marital: M S D W

11. Social Security No _____ 12. Driver's License No _____

13. Occupation _____ 14. Employer _____

CASE HISTORY

15. Chief Complaint _____

16. Complaint result of: Auto Accident Injury Job Related Other

17. Date of accident/Injury/Other _____ / _____ / _____

18. Have you seen any other doctor about this condition? _____ If yes, when? _____
Doctor's Name _____ Address _____

19. Have you had recent X-Rays? _____ If yes, when? _____ Area X-Rayed _____

20. Spouse's name _____ Occupation _____ Phone _____

21. In case of emergency, call _____
Name Street City Phone

FOR FEMALES: Are you pregnant? _____ IF YES, HOW LONG? _____

FOR MINORS: List both parents' names and addresses _____

FINANCIAL ARRANGEMENTS

How do you plan to handle your account? (Check one) Cash Check Master Card Visa

INSURANCE INFORMATION (if applicable)

Do you have a personal, group health or accident insurance? _____ If yes, give: _____
Company Name _____ Address _____
Subscriber Name _____ Group Number _____

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'S SIGNATURE _____
(parent's signature if patient is minor)