ACUPUNCTURE & HERBAL PHARMACY
MFEMC
MERCY FAMILY EASTERN MEDICAL CENTER
Neck
Shoulder
Back
Joint
Cancer Pain

A. PATIENT INFORMATION

ACCOUNT# _____

NAME: LAST FIRST MIDDLE

BIRTH DATE MALE ☐ FEMALE ☐ S.S.# DRIVER LIC.#

ADDRESS CITY

STATE ZIP CODE HOME PHONE ( )

EMPLOYER BUSINESS PHONE ( )

HOW WERE YOU REFERRED TO US?

EMERGENCY CONTACT NAME RELATIONSHIP

HOME PHONE ( ) BUSINESS PHONE ( )

B. GUARANTOR

IF UNDER 18 YEAR OF AGE, PLEASE COMPLETE SECTION B WITH THEIR INFORMATION

NAME: LAST FIRST MIDDLE

BIRTH DATE MALE ☐ FEMALE ☐ S.S.# DRIVER LIC.#

ADDRESS CITY

STATE ZIP CODE HOME PHONE ( )

EMPLOYER BUSINESS PHONE ( )

YOUR RELATIONSHIP TO THE PATIENT

C. PRIMARY INSURANCE

IF YOU HAVE INSURANCE, PLEASE COMPLETE SECTION C

INSURANCE NAME PHONE ( )

SUBSCRIBER NAME BIRTH DATE

GROUP# SUBSCRIBER ID#

EMPLOYER

YOUR RELATIONSHIP TO THE PATIENT

D. SECONDARY INSURANCE

IF YOU ARE COVERED UNDER A SECOND INSURANCE, PLEASE COMPLETE SECTION D

INSURANCE NAME PHONE ( )

SUBSCRIBER NAME

GROUP# SUBSCRIBER ID#

EMPLOYER

YOUR RELATIONSHIP TO THE PATIENT

E. AGREEMENT TO PAY THE PHYSICIAN

1. I do not have insurance and I agree to pay the physician promptly for his services rendered.
2. I understand that I am responsible for and agree to pay the physician for all services not covered under my insurance plan. I agree to pay all deductible, co-insurance, co-pay amounts.
3. I authorize the release of all medical records that are necessary to process insurance claims expediently.
4. I authorize my insurance company to pay directly to the physician all benefits.
5. My signature acknowledges my understanding and agreement to the terms described here in the agreement to pay the physician.

SIGNATURE **DATE**

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PRESENT MEDICAL HISTORY

Date: / /

H

- ☐ High Blood Pressure
- ☐ Chest Pain
- ☐ Excessive Dream
- ☐ Low Blood Pressure
- ☐ Swelling of Hands or Feet
- ☐ Night Sweating
- ☐ Cold Hand or Feet
- ☐ Irregular Heartbeat
- ☐ Easily Awaken
- ☐ Poor Memory
- ☐ Insomnia
- ☐ Palpitation
- ☐ Dizziness
- ☐ Over Sleep

Sleep: h/day

Other:

L

- ☐ Pneumonia
- ☐ Coughing Blood
- ☐ Bronchitis
- ☐ Asthma
- ☐ Skin Problem
- ☐ Shortness of Breath
- ☐ Common Cold
- ☐ Cough
- ☐ Sinus Problem
- ☐ Loss of Voice
- ☐ Depression
- ☐ Phlegm
- ☐ Sore Throat
- ☐ Pain with a deep Breath
- ☐ Spontaneous Sweating
- ☐ Difficulty in Breathing

Other:

S

- ☐ Stomach Pain
- ☐ Gas fullness
- ☐ Heartburn
- ☐ Over Acids
- ☐ Nausea
- ☐ Vomiting
- ☐ Indigestion
- ☐ Belching
- ☐ Foul Breath
- ☐ Prolapse
- ☐ Bruise (Easily)
- ☐ Fatigue
- ☐ Constipation
- ☐ Hemorrhoids
- ☐ Loose Stool
- ☐ Diarrhea
- ☐ Abdominal Distension
- ☐ Thirsty
- ☐ Abdominal Pain or Cramps

Desire of Cold or Hot Drink? ☐ Hot ☐ Cold

Digestion ☐ Good ☐ Bad ☐ Normal

Appetite ☐ Good ☐ Bad ☐ Normal

Bowel Movement: time/day

Other:

Lv

- ☐ Easily Upset
- ☐ Facial Redness
- ☐ Easily Sigh
- ☐ Dizziness
- ☐ Bitter taste in mouth
- ☐ Numbness
- ☐ Pain in Ribs
- ☐ Headaches
- ☐ Twiching or Spasm of Muscle
- ☐ Brittle Nail
- ☐ Eye Problem

Other:

K

- ☐ Ear Ringing
- ☐ Hair Loss
- ☐ Back Pain
- ☐ Knee Pain
- ☐ Hearing Loss
- ☐ Frightening
- ☐ Joint Pain
- ☐ Impotency
- ☐ Edema (Water retention)
- ☐ Decreased Sexual Drive
- ☐ Urination Problem
- ☐ Night Urination /time

Other: