

Michelle Uthoff M.S., L.Ac

This form is Completely Confidential. Thank you for answering all questions completely.

Today's Date _____ Email Address _____

Name _____ Date of Birth _____ Age _____ Gender _____

Address _____ City/State _____ Zipcode _____

Home Phone _____ Work phone _____ Cell phone _____

Best # to reach you _____ Is it okay to leave message at this number? Y N

Are you _____ Single _____ Married _____ Partnership
_____ Separated _____ Divorced _____ Widowed

You live with: _____ Spouse _____ Partner _____ Parent(s) _____ Alone
_____ Child(ren) _____ Friend(s) _____ Pet(s)

Name of person(s) you live with _____

Patient's Occupation _____ Hours per week? _____ Retired _____

Employer _____ Do you like/enjoy your job? _____

How did you hear about this clinic/practitioner? _____

Has any other family member been a patient here? Y N If yes, please write name _____

What brings you to the clinic today? Although we will talk about this soon, I would like it in your words.

_____ Please use back of paper if you need more room

Person to Contact in Case of Emergency

Name _____ Relationship _____ phone _____