

# Many Lives Chinese Medicine

## Client Intake Form

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**Date:**

**Name:**

**Date of Birth:**

**Age:**

**Address:**

**City:**

**Zip:**

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**Phone(s):**

Home:

Work:

Cell:

Fax:

**Email Address:**

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**Physician:**

**Phone:**

**Date of last exam:**

**Reason for visit:**

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**Emergency Contact:**

**Phone:**

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**Referred by:**

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**Please be respectful of my time and yours. Your time commitment begins at the moment you make an appointment. There are times when a cancellation is, of course, necessary; but please give advanced notice whenever possible. Missed or cancelled appointments without twenty-four (24) hour notice will be charged in full for the missed appointment. If no cancellation arrangements are made, the cost of the appointment will be charged.**

**Client Signature:**

**Date:**