

Many Lives Chinese Medicine

Contact Form

Date: _____

Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ Zip: _____

Contact Information

Home phone: _____ Work phone: _____

Cell phone: _____ Fax number: _____

E-mail address: _____

Physician: _____ Telephone: _____

Date of last exam: _____ Reason for visit: _____

Emergency contact: _____ Telephone: _____

Referred by: _____

Please be respectful of my time and yours. Your time commitment begins at the moment you make an appointment. Of course, there are times when a cancellation is necessary; but please give advance 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: _____