



720 Sunrise Ave B108  
 Roseville Ca  
 916-223-6151  
 ACL:156415

**General Information**

Name \_\_\_\_\_ Date \_\_\_\_\_  
First Last

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Preferred Phone \_\_\_\_\_

Married      Single      Partner      Divorced      Widowed

Email \_\_\_\_\_  
 I DO NOT wish to receive educational and promotional notices

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

In case of emergency, call \_\_\_\_\_  
Name Number Relationship

Primary Physician Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Reason for your visit? \_\_\_\_\_

Are there any other therapies which you are involved in? \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

**Cancellation Policy**

The time that is scheduled for you is not available to anyone else. A late cancellation fee of **\$50.00 is charged** per occurrence if there is less than 24 hours notice of cancellation or request to reschedule (unless it is an emergency).

**Medical History**

Please indicate if you have or had any of the following conditions:      Have you had Botox

- |                                    |                                     |                                     |   |  |
|------------------------------------|-------------------------------------|-------------------------------------|---|--|
| <input type="radio"/> Pneumonia    | <input type="radio"/> Drug reaction | <input type="radio"/> Kidney stones | <input type="radio"/> High/low blood pressure | <input type="radio"/> Hypo/hyper thyroid |
| <input type="radio"/> Tuberculosis | <input type="radio"/> Heart attack  | <input type="radio"/> Jaundice      | <input type="radio"/> Heart disease           | <input type="radio"/> Premature graying  |
| <input type="radio"/> Hepatitis    | <input type="radio"/> Anemia        | <input type="radio"/> Parasites     | <input type="radio"/> Gout                    | <input type="radio"/> Seizures           |
| <input type="radio"/> Diabetes     | <input type="radio"/> Arthritis     | <input type="radio"/> Measles       |   | <input type="radio"/> Multiple sclerosis |
| <input type="radio"/> Epilepsy     | <input type="radio"/> Mumps         | <input type="radio"/> Cancer        |   |  |