



**Renew You Acupuncture**  
**PATIENT CONFIDENTIAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/ Zip code \_\_\_\_\_

Birth date: \_\_\_\_\_ Telephone : \_\_\_\_\_ ( home / cell)

Sex: Male / Female (circle) Email Address \_\_\_\_\_

Marital Status : \_\_\_\_\_ ( single/ married/ partnered/ divorce) Place of Birth: \_\_\_\_\_

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

Do you prefer to be contacted for appointment reminders by: phone email text? (Circle one)

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone No : \_\_\_\_\_

**Insurance Information:**

Do you have insurance? Yes / No (circle) Name of Insurance: \_\_\_\_\_

Name of Insured: Last: \_\_\_\_\_ First: \_\_\_\_\_

Insured's Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Insured's ID: \_\_\_\_\_

Policy Group or FECA Number: \_\_\_\_\_

Insured's Address: \_\_\_\_\_

Insured's Telephone : \_\_\_\_\_ ( home / cell) Relationship to Insured: self / spouse / child / other

**Medical Information:**

Are you under the care of a physician now? Yes / No (circle) If yes, for what? \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

If you would like me to discuss your case with your physician, please sign here to give your consent: \_\_\_\_\_