Matt Van Dyke, L.Ac., EAMP, MQP
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PATIENT CONFIDENTIAL INFORMATION

Name:		
Mailing Address:		**Sex:** **Age:** **Date of Birth:** **Partner Status:**
What is your preferred method of communication? (H) (C) (E-mail) (txt) Is it ok for us to leave a message on your cell/home? Is it ok for us to text you about apt. times and availability? (Y) (N) Is it ok to e-mail you about apt. times and availability?		**Home Phone: ( )** **Business Phone: ( )**
Cell Phone: ( )	**Fax: ( )**	**Email:**
Occupation:		
Employer:		**Phone: ( )**
Emergency Contact: **Relationship:**		**Phone: ( )**

Have you previously been treated with Chinese medicine?
If so, for what complaint?

Health Care Practitioners/Doctors you see on a regular basis:
If so, for what complaint?

Personal Physician's name: **Date of last physical:**	**Phone: ( )**

For Minors: List both parents' or guardians' names and address (if different from above).

Referred by:

OFFICE POLICY

All fees for medical services and herbal supplements are due at the time of visit. If you need to cancel an appointment, please give me a minimum of 24 hours notice. I will be happy to reschedule your appointment. In fairness to our other patients and to us, 24 hour notice is required for cancellation of an appointment, or you will be charged a $40 fee for the time booked.

Initials:_____

I understand that I am ultimately responsible to pay for all services rendered to me. I agree to the above terms and cancellation policy.

I authorize the release of any medical or other information necessary for insurance claim processing and I understand that my individually identifiable medical information will be used only as necessary for purposes of treatment, payment, and other healthcare operations.

I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

I have received Matt Van Dyke's Notice of Privacy Policies.

Signature: **(parent/guardian signature if patient is minor)**	**Date:**