Patient Information

CONFIDENTIAL

Eastern Harmony Acupuncture & Herbal Clinic ■ 4611 Montrose Blvd, Suite A201 ■ Houston, TX 77006 Phone: 713-529-1610 Fax: 713-529-6870
www.easternharmonyclinic.com

Welcome to Eastern Harmony Acupuncture & Herbal Clinic

Please take a moment to provide us with some information about yourself and your health conditions so that we may do our best to treat you. Eastern Harmony Clinic considers this information privileged physician/patient communication and will hold it in confidence.

NAME (LAST, FIRST, MIDDLE)	DATE

AGE	DATE OF BIRTH	SEX	MARITAL STATUS
		☐ Male ☐ Female	☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

PHONE (HOME)	PHONE (CELL)	PHONE (WORK)

HOME ADDRESS		
CITY	STATE	ZIP

OCCUPATION	EMAIL ADDRESS

EMPLOYED BY		
EMPLOYERS ADDRESS		
CITY	STATE	ZIP

REFFERED BY

SPOUSE'S NAME

CONTACT IN CASE OF AN EMERGENCY	RELATIONSHIP	PHONE

ADDITIONAL INFORMATION/NOTES

I understand that I should be evaluated by a physician for the condition I am requesting consultation. The diagnosis and treatment plan I will be given by Eastern Harmony Clinic is based upon Traditional Chinese medical principles and natural treatment only, and does not constitute a western medical diagnosis. I understand that I am not to rely on Traditional Chinese diagnosis and treatment as my sole remedy for the treatment I am seeking. I understand if no substantial improvement is made in the condition for which I am seeking consultation, I am to seek advice from a western medical doctor. Further, if I am concurrently undergoing western medical treatments, it is my responsibility to advise my physician of any herbal supplements I am concurrently taking.

SIGNATURE _____ DATE _____