



Acupuncture & Massage Center Health Balance L.L.C.

3406 Davenport Ave. Suite A Saginaw, MI 48602 Phone: 989-799-9900
2565 S. Rochester Rd., Ste 106 Rochester Hill, MI 48307 Phone: 248-672-2998

Name: _____ Gender: _____
 Date of Birth: ____/____/____ Marital Status: _____ Soc.Sec.#(option) _____
 Address: _____ City _____ State _____ Zip _____
 Phone: Cell() _____ Home() _____ Email _____
 Physician _____ Employer _____ Occupation: _____
 Emergency contact person _____ Relationship _____ Phone _____
 How did you find us? _____ Insurance name _____

Patient Medical History

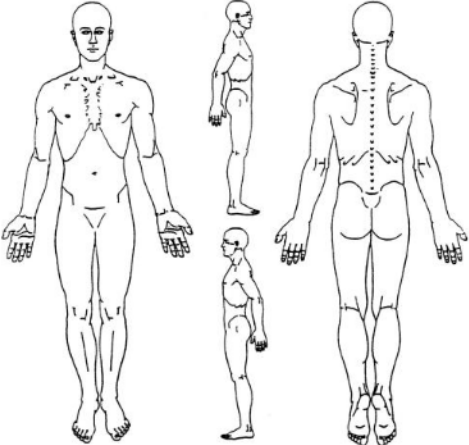
Have a tendency to faint	Yes	No	HIV positive	Yes	No	Had hepatitis	Yes	No
Have pace maker	Yes	No	Pregnant now	Yes	No	Bleed for a long time	Yes	No
High blood pressure	Yes	No	Diabetes	Yes	No	High cholesterol	Yes	No

<i>You now have or have ever had</i>	<i>√</i>	<i>Please Explain</i>
Heart problem		
Stroke		
Seizure/Epilepsy		
Cancer		
Respiratory problem		
Skin disorder		
Kidney problem		
Bowel problem		
Depression/Anxiety		
Allergy		
Thyroid disease		
Broken bone/Fractures		
Arthritis/Joint swelling		
Injuries/Surgeries		



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Pain anywhere		
Numbness/Stabbing anywhere		
Any other illness		
Medications now		
<p>What are your current problems?</p> <p>When did the problems begin?</p> <p>What happened?</p> <div style="text-align: center;">  </div> <p style="text-align: right;">(Mark if needed)</p>		

I consent to the performance of such medical treatments or procedures that are necessary or advisable.

Signature: _____

Date: _____

(Representative's relationship)