

Medical History Questionnaire

This is an outline for recording your medical history. **This information as well as the results of any Physical examinations, conversations, special procedures and laboratory test is confidential. Reports will be furnished only with your request and permission.**

You are asked to fill out this record and bring it with you to your first appointment. Please complete each page. Remember to take your time. It will help us help you.

Many of our patients are chemically sensitive. Please avoid the use of fragrances or perfumes when visiting our office. Thank you.

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Your appointment will be

Date _____

Time _____

There is a large demand for appointments and specific appointment times and limited number of spaces available. We do our best to try and accommodate patient's needs. We are also very careful about our schedule so patients do not have to wait.

Please read and sign below:

"I understand that appointment times are reserved especially for me. 24 hours notice of any changes is appreciated. Full fee will be charged for missed appointments and half fee for same day cancellations. Unless other arrangements have been made, I understand the payment is due at the end of each visit."

Signed _____

Date _____

