## Point to Health Acupuncture

Danielle Quast LAc. MAcOM. NTP 3804 SE Belmont Portland OR. 97214 503-860-5009

## Confidential Registration Insurance

Name							
First	Middle	Last					
Address							
Street	<u>-</u>	tate Zip					
Home Phone	4. Other Phone						
Email							
SS #							
Date of Birth/_/ 6. Se	ex 7. Marita	1 Status: M S D W					
	Case History						
Chief Complaint							
Complaint result of : Auto Accid	lent InjuryJob 1	Related Other					
Date of accident/Injury/Other	/						
Date of accident/Injury/Other/							
If yes, when? Doctor's Name							
Have you had recent X-Rays?If yes, when?							
Nearest relative not living with	you		_				
Address			_				
Phone							
In case of emergency, call							
Name			_				
		how long?	_				
For Minors: 1	List both parents' nam	es and addresses					
			_				
Fi	nancial Arrangem	ents					
Paying with: Cash Check	Credit/Debit card_						
Iı	nsurance Informat	tion					
Do you have health insurance?	If yes please provid	le id number					
Insurance plan name:	_ , , ,						
I have read the above informatio	n and certify it to be tr	ue and correct to the be	est of my				
knowledge and hereby authorize							
with state statutes, for the care an							
	's Signature						
Referred by							