WELCOME

Thank-you for selecting Turning Point Acupuncture and Counseling Center. We will strive to provide you with the best possible services. To help us meet your needs, please fill out this form completely in ink. If you have any questions or need assistance please ask. We will be happy to help you.

Personal Information:

Name_____ Date_____

Birth date: _____ Social Security Number _____

Please circle: male female single married divorced separated widowed

Address_____

City:_____ State:_____ Zip _____

Employer:_____ Occupation:_____

Referred By: _____

Have you been seen in this office previously? _____ If yes, when?_____

Responsible Party: (Either you or the parent/legal guardian of the patient)

Name: _____

Relationship to patient: _____

Birth date: _____ Drivers License#_____

Address:_____

City:_____ State:_____ Zip _____

Employer:_____ Occupation:_____

Work Number:_____ Cell Number: _____ Home Number:_____

May we call you at: _____work ____on cell phone ___ at home

INSURANCE INFORMATION:
Primary Insurance

Name of insured: _____

Relationship to patient: _____

Insured's Birthdate: _____

Social Security No: _____

Employer: _____

Date Employed: _____

Occupation: _____

Insurance Company _____

Insurance Company_____

Group #: _____

Policy #_____

Insurance Co. Address_____

Authorization and Release:

I authorize the release of any information including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such care to third party payers and or other health practitioners.
I authorize and request my insurance company to pay directly to the person or goup otherwise payable to me.
I understand that my insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or my dependents.
I understand that I am financially responsible for any appointment where **24 hours notice** is not given for cancellation.

CONFIDENTIALITY:

By law, you are given the right to have your communication with your therapist or acupuncturist to keep confidentiality and private. There are three major exceptions when the law requires that confidentiality be broker: (1)intended homicide, (2)intended suicide, and (3)any indication of child abuse or elder abuse by anyone. In addition, if you are suing someone, being sued, or charged with a crime and you tell your attorney or the court that you are in therapy with me, I may be ordered to show the court my records.

_____ _____

Signature of patient or Parent if patient is a minor Date