Patient Information Sheet

12304 Santa Monica Blvd., #120 ☯ Los Angeles, CA 90025 ☯ Phone: 310-826-5288 ☯ Fax: 310-826-7178 ☯ www.TCMHealingCenter.com

Last Name:	First Name:	Preferred Name:	Occupation:	Referred By:
Gender M ☐ F☐	Date of Birth:	Age:	Marital Status: Single ☐ Married ☐ Divorced ☐ Widow☐	Tel:
Address:		City:	State:	Zip:
Home Phone:		Work Phone:	Cell Phone:	
Emergency Contact & Relationship:		Phone Numbers of Emergency Contact: Primary: Alternate:		
Check Health Insurance Coverage: None ☐ PPO☐ POS☐ HMO☐ Work's Comp ☐ Auto Injury with Med Pay☐ Military ☐ Other ____________				
Email Address: Please be assured that your e-mail address will only be used by our office for your needs and will not be sold to another company or individual.				
Primary Care Doctor: Name: Tel:			Specialty:	
Other Doctor You See: Name: Tel:			Specialty:	
Major Complaints:				

Please Answer the Following Question:

	Yes	No		Yes	No
Do you have a tendency to faint?	☐	☐	Are you HIV+?	☐	☐
Do you have a pacemaker?	☐	☐	Are you pregnant? (women)	☐	☐
Do you bleed for a long time?	☐	☐	Have you ever had Hepatitis?	☐	☐

Medication: Please list all prescription medications you use. Include those which you may only use occasionally:

Prescription Name	Purpose:	How Long	Dose	How Often	Last Dose

OUR OFFICE POLICY

1) For most cases we do not bill insurance directly. Patients are expected to take care of their fees as services are rendered. We do not accept responsibility for collecting your insurance claim or for negotiating a settlement of a disputed claim. However, we will gladly prepare a doctor's statement of charges for you to submit to your insurance carrier for reimbursement.
2) If you need to cancel an appointment, *please inform us **at least 24 hours** in advance to avoid a full charge of service*. A missed appointment will also be charged at full fee.
3) There is a service charge of $25 for every returned check.
4) There is a service charge of $2 per bag for returned herbs. (Raw Herbs are not returnable)
5) I authorize the release of any medical records and/or any other necessary information to process a claim with my insurance.
6) TCM Healing Center is in compliance with HIPPA law and regulations.

Our Fees Are	Acupuncture	Initial Consultation	Electro-Acupuncture	Follow-up Herbal Consultation
Dr. Shiaoting Jing	$ 110.00	$ 150.00	$ 135.00	$ 75.00
Dr. Biao Lu	$ 110.00	$ 150.00	$ 135.00	$ 75.00
Dr. Florence Lim	$ 80.00	$ 100.00	$ 115.00	$ 50.00

I have read and agree to the terms of the preceding paragraphs. All information presented is true to the best of my knowledge.

Patient's Signature ______________________ Date ______________________