Helen Ye, MS, LAc
815 Hyde Street, Suite 317
San Francisco, CA 94109

Patient Information

Patient Name_____ Today's Date_____

Street Address_____ Apt. #_____

City_____ State_____ Zip_____

Home Phone (____)_____ Office (____)_____

Other Phone (____)_____ Email_____

Birth Date_____ Age_____ Gender_____ Soc. Sec. #_____

☐Single ☐ Married ☐ Divorced ☐ Widowed ☐ Domestic Partnership ☐ Other

Referred by_____

*Emergency Contact*_____ Relationship_____

Phone # (home)(____)_____ (office or cell) (____)_____

*Physician's Name*_____ Phone (____)_____

Physician's Address_____ Date of last visit_____

Employment Please check all that apply

☐ full-time ☐ part-time ☐ self-employed ☐ student ☐ unemployed ☐ retired

Occupation_____ Number of hours worked/studied in past week_____

Employer's Name_____ Phone (____)_____

Employer's Address_____

*Partner's Name*_____

Partner Employer's Name_____ Phone (____)_____

Partner Employer's Address_____

Billing and Insurance

Account paid by ☐ self ☐ other:_____

Primary Insurance_____ Phone (____)_____

Primary Insurance Address_____

Policy Holder's Name_____ Relationship_____

Policy # or ID #_____ Group #_____

Policy re: Insurance, Payments & Charges: Please check with your insurance company to ascertain whether acupuncture services are covered under your policy. For insurance purposes, a superbill will be provided for your files. Payment is expected at the time of service. Health care spending accounts cover acupuncture - you can submit a receipt and be reimbursed through your spending account. Missed appointment fees are not covered by insurance. Returned check fee is $15 per check. Please provide 48 hours notice for cancellations; otherwise, a charge will incur.

I have read and understand the above policy. By signing below, I agree to abide by these policies.

_____ _____

Patient Signature Date

☐ I do not wish to be on the email list to receive newsletters and announcements with health tips and information.