



231 Crosswicks Road Suite 2
 Bordentown NJ 08505
 609.298.8812

ACUPUNCTURE REGISTRATION FORM
 (Please Print CLEARLY)

Today's date:

PATIENT INFORMATION

NAME First	M.I.	Last		Birth Gender: (circle)	Male Female Non-Binary/Third gender Explain: _____ Prefer not to say
Birth date: (mo/day/yr)	Age:				
Street address:					
P.O. box:	City:	State:	ZIP Code:		
PRIMARY phone: ()	SECONDARY phone: ()	EMAIL address:			
How did you find One Earth Acupuncture?		<input type="checkbox"/> Internet Search	<input type="checkbox"/> POCA	<input type="checkbox"/> Physician	
<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> located near home/work	<input type="checkbox"/> Other – describe:		
Name of person referring you:					

Occupation:	Employer:	Address :	<input type="checkbox"/> Work phone number: ()
<i>Occupational stresses</i> (chemical, physical, other) :			
Primary Care Physician name:	Address and Group:		Phone:
Your Height:	Weight:	Hair color :	Eye color :

IN CASE OF EMERGENCY

Name of friend or relative:	Relationship to patient:	Phone number:	Alternate phone no.:
Address:		()	()

I acknowledge the above information is accurate and current. I understand that I am financially responsible for payment to One Earth Acupuncture at the time service is rendered. I have read and agree to comply with OEA Policy (<https://oneearthacupuncture.com>)

I acknowledge that I need to provide 24hours notification for cancellations and appointment rescheduling or pay the \$30 fee.

I authorize One Earth Acupuncture to contact me at the contact information provided (above). In accordance with NJ law, you are advised to see a licensed physician regarding you condition and chief complaint.

Signature :	Date
_____	_____
<i>(For Guardian Print Name and Signature)</i>	