

Appointment Date _____ Time: _____

New Patient Information

First Name:

Last Name:

DOB:

Phone:

Email:

Reason:

Do you have insurance?

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Send Welcome Email

How did they contact us (circle): Phone E-mail Through Website

Did patient make an appointment (circle one): Yes No

If no, why?

Followup Date:

(See Back)

Appointment Date _____ Time: _____

Confirm Acupuncture Benefits:

Date and Time:

Representative's Name:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Call Reference #:

Patient informed of insurance benefits

Uploaded to the patient's profile

[REDACTED]

Uploaded this document to patient's chart

Add to List of New Patients document by month of initial appointment