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Spokane Valley, WA 99216



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FX: (509) 928-2778

Point of Origin

Clinical Acupuncture, PLLC

NAME (LAST, FIRST MIDDLE)			
AGE:	DATE OF BIRTH:	GENDER:	MARITAL STATUS:
PHONE:		E-MAIL:	
HOME ADDRESS:			
CITY:	STATE:	ZIP:	
OCCUPATION:		BUSINESS PHONE:	
EMPLOYED BY:			
EMPLOYER'S ADDRESS:			
CITY:	STATE:	ZIP:	
SOCIAL SECURITY NUMBER:			
SPOUSE'S NAME:			
CONTACT IN CASE OF EMERGENCY:	RELATIONSHIP:	PHONE:	
ADDITIONAL INFORMATION/NOTES:			

I understand that I should be evaluated by a physician for the condition I am requesting consultation. The diagnosis and treatment plan I will be given by Point of Origin Clinic is based upon Traditional Chinese medical principles and natural treatment only, and does not constitute a western medical diagnosis. I understand that I am not to rely on Traditional Chinese Diagnosis and treatment as my sole remedy for the treatment I am seeking. I understand if no substantial improvement is made in the condition for which I am seeking consultation that I am to seek advice from a western medical doctor. Further, if I am concurrently undergoing western medical treatments, it is my responsibility to advise my physician of any herbal supplements I am currently taking.

Signature _____ Date _____