



Acupuncture and Herbal Medicine Healthcare
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Contact Information Sheet. Please provide all the information and mark the one you prefer the most for us to contact you.

Patient Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone : _____

Fax Number: _____

Email Address: _____

Home Address: _____

Other

Primary Care Doctor

Name: _____ **Phone:** _____

Address: _____

Emergency Contact:

Name: _____ **Relationship:** _____

Day Phone: _____ **Evening Phone:** _____

By signing below, you acknowledge that you understand this office may contact me at any of the above numbers and/or addresses and you consent to such communications by this office for matters relating to your care including but not limited to routine communication over the phone to schedule and confirm appointments, instructions or notifications of acupuncture herbs and supplements are in the office or have been shipped to me. While the name "Acupuncture and Herbal Medicine Healthcare" is given in messages, no reference to medical service is made. If you do not want this office to contact you using any of the above information, please indicate those that we may not use by placing a check mark in the margin next to the item. Note this exclusion does not apply to your emergency contact. We must always be able to contact you in the event of an emergency.

Patient name: _____ **(Please print)**

Patient Signature: _____ **Date:** _____