

Points of Healing: Miriam Delosantos L.Ac., Dipl. OM, PA-C 2929 Loma Vista Rd Ste D, Ventura, CA 93003 805-290-1252 | www.pointsofhealing.com

NEW PATIENT INFORMATION FORM

Please Note: This is a confidential record of your medical history and will be kept only in your file. Information contained here will not be released to any person except when you have authorized us to do so.

Name	M.I La	ast Name		
Address	City		State	Zip
Home Phone	Cell		_ Work	
Email	Age	DOB		
Marital Status		Gender		
Employer	Осси	ıpation		
Marital Status	Name of F	Partner/Spouse		
Emergency Contact & Rela	ntionship	Т	elephone	
Referred by: [] Friend	[] Relative [] Web search	n []Other		
24 HOU	R CANCELLATION POLICY & 0	CREDIT AUTHORI	ZATION RELE	EASE
patients. In order to do thi L.Ac., Dipl. OM, PA-C. req ı	am Delosantos L.Ac., Dipl. OM, s, they have a strict cancellation uire a 24-hour cancellation not opointment fee will be charged to	n policy. Points of lice prior to your a	Healing and M ppointment t	liriam Delosantos ime . If sufficient time
(NOTE: Credit card infordesk for details)	mation can be input directly i	into Square Merc	hant secure _l	oortal. Ask front
	authorize Point card given below, for cancellatio			
Card number	-	Exp/	Card Secu	ırity Code
Patient Name (print)				
Patient Signature				
Date				