



Points of Healing: Miriam Delosantos L.Ac., Dipl. Ac., PA-C
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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. _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Email _____ Age _____ DOB _____

Drivers License # _____ Gender _____

Employer _____ Occupation _____

Marital Status _____ Name of Partner/Spouse _____

Emergency Contact & Relationship _____ Telephone _____

Referred by: Friend Relative Web search Other _____

24 HOUR CANCELLATION POLICY & CREDIT AUTHORIZATION RELEASE

Points of Healing and Miriam Delosantos L.Ac., Dipl. Ac., PA-C take pride in the quality of care they offer their patients. In order to do this, they have a strict cancellation policy. Points of Healing and Miriam Delosantos L.Ac., Dipl. Ac., PA-C. **require a 24-hour cancellation notice prior to your appointment time.** If sufficient time is not given, the full fee will be charged to the credit card we have on file.

I, _____ authorize Points of Healing and Miriam Delosantos L.Ac., Dipl. Ac. PA-C to charge the credit card given below, for cancellation fees, insurance co-payments and related charges.

Card number _____ - _____ - _____ - _____ Exp ____/____ Card Security Code _____

Patient Name (print) _____

Patient Signature _____

Date _____