

# Path To Wellness

Maureen McKenney, O.M.D.  
acupuncture & herbal medicine

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## CONFIDENTIAL HEALTHCARE QUESTIONNAIRE PERSONAL INFORMATION (PLEASE PRINT)

NAME: \_\_\_\_\_ PATIENT S.S.# \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_

MARITAL STATUS: S M D W NUMBER OF CHILDREN: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

(Please note which number you want to receive calls about appointments or other health care information on by circling one of the above.)

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

PERSON RESPONSIBLE FOR ACCOUNT: \_\_\_\_\_

RELATION TO YOU: \_\_\_\_\_

INSURANCE CARRIER: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

Have you ever been treated with acupuncture or Chinese Medicine? Yes No

Name of previous acupuncturist? \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

WHOM MAY WE THANK FOR REFERRING YOU? \_\_\_\_\_

### CANCELLATION POLICY

Please give at least 24 hours notice of cancellation, at which time we can easily reschedule your appointment. You will be charged a fee of \$85 for any missed appointment or appointment cancelled with less than 24 hours in advance.

I have read and understand my responsibility for payment of services.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_