

Janet Barrows, MSOM, Lac.

Today's date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Thank you for taking the time to complete the following information which will help me assess your health needs. All information is confidential. I will be happy to answer any questions.

**General Information**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone numbers (please mark \* next to best number):

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

E-mail address \_\_\_\_\_

(e-mail will be necessary if I choose an online confidential scheduling system)

Marital status \_\_\_\_\_ #of children \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Ph \_\_\_\_\_

Relationship \_\_\_\_\_

**Under 18—Responsible Party Information**

Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

**Healthcare Providers**

Physicians: GP/ Primary Care: \_\_\_\_\_

Specialist \_\_\_\_\_

If I needed to ensure the coordination of your care, may I contact your providers? Yes No