Balanced Care Clinic
E-309 Commissioners Rd. W.
London, ON N6J 1Y4
519 630 1654

Kira Benoot, R.Ac
Acupuncturist
519-809-1015

NEW PATIENT – CONFIDENTIAL PATIENT INFORMATION

NAME: _____

□ MALE □ FEMALE □ OTHER (please specify) _____

ADDRESS: _____

CITY: _____ **POSTAL CODE:** _____ **FILE #:** _____

DATE OF BIRTH: _____ **DAY /** _____ **MONTH /** _____ **YEAR**

BEST PHONE TO CALL: _____ **□ HOME □ WORK □ CELL**

ALTERNATE PHONE #: _____ **□ HOME □ WORK □ CELL**

ALTERNATE PHONE #: _____ **□ HOME □ WORK □ CELL**

BEST EMAIL FOR APPOINTMENT REMINDERS: _____

ALTERNATE EMAIL: _____

FAMILY PHYSICIAN: _____ **ADDRESS:** _____

REFERRED BY: _____

HAVE YOU SEEN AN ACUPUNCTURIST BEFORE? □ YES □ NO

WHEN WAS YOUR LAST APPOINTMENT? _____

HAVE YOU SEEN A CHIROPRACTOR BEFORE? □ YES □ NO

WHEN WAS YOUR LAST APPOINTMENT? _____

HAVE YOU SEEN A MASSAGE THERAPIST BEFORE? □ YES □ NO

WHEN WAS YOUR LAST APPOINTMENT? _____

IF YOU HAVE CURRENT IMAGING (XRAYS, MRI, ULTRASOUND, CT SCAN ETC.) THAT MAY HELP US BETTER UNDERSTAND YOUR CONDITION, PLEASE LIST BELOW:

_____
_____
_____