



NANIE CARRILLO  
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[www.acupuncturedelsoul.com](http://www.acupuncturedelsoul.com)

### Patient Information Initial Visit

(Please Print and complete in full)

Name \_\_\_\_\_ Today's date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

Referred to our clinic by \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_

Emergency Contact Telephone Numbers \_\_\_\_\_

Would you like to receive our newsletter via email ? Y N

#### Employment

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Retired \_\_\_\_\_ Unemployed \_\_\_\_\_ Student \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

#### Primary Health Care Source

Physician's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Date of last visit: \_\_\_\_\_ Purpose of visit \_\_\_\_\_

Purpose for today's Visit \_\_\_\_\_

Have you ever had an acupuncture treatment? When and for what reason? \_\_\_\_\_

### Financial Information and Agreement

The best care can only be provided on the basis of mutual understanding. I, therefore, encourage you to discuss any financial questions that you have at this time.

Cash, checks and credit cards are accepted for payment. Rates are as follows:

Initial visit is \$125.00, follow-up visits are \$85.00, second and third visits in the same calendar week are \$75.00. Initial visit must be paid in full at time of service.

Please initial:

\_\_\_\_\_ \$30.00 will be charged for a returned check.

\_\_\_\_\_ Missed appointments and late cancellations with less than 24 hour notice will be billed at \$65.00.

\_\_\_\_\_ Unless a specific payment plan is agreed upon and put into writing, I reserve the right to charge interest on unpaid bills. After 3 months of unpaid bills 5% compounded interest will accrue on any owed balance.

\_\_\_\_\_ I prefer to pay my balance in full at time of service

\_\_\_\_\_ I prefer to make other payment arrangements prior to services being rendered.

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I, (please print) \_\_\_\_\_ understand that I am financially responsible for all chores incurred and I understand and agree with this policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian, Signature \_\_\_\_\_ Date \_\_\_\_\_