



Alternative Approach Acupuncture & Wellness  
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### New Patient Information

Name:	DOB:
Street/ Apt #:	City/State/Zip:
Home Phone:	Email:
Cell Phone:	
Social Sec. #:	Marital Status:
Employer:	Phone:
Emergency Contact Person:	Cell Phone of emergency contact:

How did you hear about us?:

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Presenting Problem in Brief:

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