

Registration Form

Michigan Associates of Acupuncture and Integrative Medicine
7001 Orchard Lake Rd, Suite 120
West Bloomfield, MI 48322
248-737-7126

Welcome to Michigan Associates of Acupuncture and Integrative Medicine

Please take a moment to provide us with some information about yourself and your health conditions so we may do our best to treat you.

Name _____

Home Phone # _____ Cell Phone # _____

Please indicate with a * which phone # you prefer us calling to confirm appts, etc...

Address _____

City _____ State _____ Zip _____

Sex : M F Age _____ Birth Date _____

Occupation _____

Patient Employed by _____

Business Address _____

Business Phone Number _____

E-Mail Address _____

In case of an emergency, whom should we contact?

Name _____ Phone# _____ Relation _____

I understand that I should be evaluated by a physician for the condition I am requesting consultation. The treatment I am being given at Michigan Associates of Acupuncture and Integrative Medicine does not constitute a western medicine diagnosis. I understand that I am financially responsible for all charges. Furthermore, I understand that payment is due at the time of service and that cancellations made less than 24 hours will be charged the full rate for service.

Responsible Party

Date

Whom may we thank for referring you?

Current/Past Patient

Friend

Word of Mouth

Name: _____

Internet

Google

Yahoo

Yelp

Facebook

Our Website

Other: _____

Medical Professional: _____

(Name)

Other: _____



Michigan Associates of
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Why we have a cancellation policy

We value both our time and the time of our clients – when a person does not show up for their scheduled appointment (no-show) or cancels at the last minute, we are not able to fill that appointment. Since we often have a wait list, not only is this lost income for the practitioner and practice, another person does not get to benefit from the services we provide. Since we rely on client payment for our income; no-show's and cancellations are something we take very seriously!

Oftentimes, the reasons for missing an appointment are valid –you are stuck in traffic or something unexpected keeps you from getting here on time. Be assured, if you call us and let us know you are running late or cannot make your scheduled time, we will do our best to accommodate you in the same week.

At Michigan Associates of Acupuncture and Integrative Medicine, all clients will be asked to pay their full session fee for appointments that are cancelled with less than 24 hours notice if their reserved slot cannot be filled. This policy is firm and we want to be up front with you about this.

As a courtesy to you – we will call you at least a day ahead to confirm your appointment. You can always let us know if you would like to reschedule!

As always, we are so very grateful for your support of our practice. Respecting and acknowledging our cancellation policy makes our practice flow so much easier – we could not do it without you!

Acupuncture	CranioSacral Therapy
Initial Consultation (90 min) \$149.00	60 minute \$90.00 / \$75.00(ped)
Subsequent Visits (60 min) \$89.00	90 minute \$125.00
	120 minute \$155.00

Name _____ Date _____