

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