

ACUTHERAPY & HERBAL CLINIC

#112-3195 GRANVILLE STREET, VANCOUVER, BC, V6H 3K2 CANADA

TEL: 604-733-3358 WEBSITE: www.acutherapy.net

General Information (Confidential)

1. Patient information:

Last Name _____; First Name _____; Initial _____

Sex: M; F; Date of Birth (mm/dd/yyyy) _____ Occupation _____

Address _____ City _____

Postal Code _____ Email: _____

Phone (Home) _____; (Work/Cell) _____

2. Emergency contact information:

First name _____; Last name _____

Relationship to patient _____ phone number _____

3. Family Doctor Phone _____ MSP card # _____

4. IVF clinic name (if you have) _____

5. Are you hypersensitive or allergic to _____

6. You know about us through:

☺ Google; MSN; Yelp; Yahoo; others. _____

☺ Recommended by: Family Dr.; Specialists; Friends _____; others _____

☺ Any other ways: _____

Signature _____ Date _____