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Client Contact Information

Please List the family members or other persons, if any, whom we may inform about your general medical condition and your diagnosis, including treatment, payment, and health care options. (Please include contact information)

Please list the family members or other persons, if any, whom we may inform about your health, condition
ONLY IN AN EMERGENCY:

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Please print the address of where you would like any correspondence from our office to be sent if *other than your home*.

Please indicate if you want all correspondence from our office sent in a sealed envelope marked “confidential.”

- Yes
- No

Please print the telephone number where you want to receive calls about your appointments or other health care information *if other than your home phone*.

Can we leave confidential messages (i.e., appointment reminders) on your telephone answering machine or voicemail?

- Yes
- No

Email: _____

How did you hear about us?: _____

Patient Name or guardian if under 18 (please print): _____

Patient/guardian signature: _____ Date: _____