

Kwan-Yin Healing Arts Center 2330 NW Flanders, Suite 101 Portland, OR 97210 (503) 701-8766

Thank you for scheduling with us, we strive to provide the best possible integrative care for our clients. Here at the clinic we have a team of Naturopathic Doctors, Oriental Medical Practitioners, Licensed Acupuncturists, Body Workers, Medical Doctors, Physical Therapists, Massage Therapists, and Chiropractic Physicians. During your initial evaluation your practitioner will do their best to do a thorough evaluation and give you a treatment plan. You can assist us in that by making sure you have fully completed the intake paperwork enclosed. The advantage of the integrative office is that there are many modalities that can provide input should any of us find the need for assistance.

We are located just west of the intersection of NW 23rd on NW Flanders (between 23rd & 24th Ave.). Parking is available in the main and lower lot; please do not park below the building in the covered area. Wheelchair access for the first floor is located through the main level parking lot. Please come a few minutes early and enjoy a cup of tea before your appointment.

Please be aware that we ask patients to give us 48 hour notice if they need to reschedule or cancel an appointment. Late cancellation or missed appointments incur a \$45.00 fee or greater, as we are unable to reschedule the appointment with another patient without sufficient notice.

It will be a pleasure to support you on your path towards wellness.

PATIENT NAME:	PATIENT DOB:

Basic Information		
Name		Date
	State	
	(work)	
(cell)	Is it ok to leave a message?	
	Age Da	
Gender Occupation	on	
How did you hear about our	clinic?	
Emergency Contact	Relationship	Phone
History		
If yes, where from and whom	care of a medical professional? Y I	N
Are you currently under the of the season of	care of a medical professional? Y I	N
Are you currently under the or lifyes, where from and whom List any current medications a List any injuries/accidents/illn List any surgeries and date	care of a medical professional? Y In?and purposenesses still affecting you	N
Are you currently under the of the second se	care of a medical professional? Y In?and purposenesses still affecting you	N

Nervous System	<u>Skin</u>	Reproductive	
□ Shingles□ Numbness/tingling□ Numbness/tingling□ Pinched Nerve□ Other	□ Allergies□ Rashes□ Athletes Foot□ Herpes/Cold Sores□ Other	□ Pregnant: Stage□ Ovarian/Menstrual Issues□ Prostate problems□ Other	
<u>Digestive</u>	<u>Other</u>		
□ Irritable Bowel Syndrome □ Ulcers Other	□ Cancer/Tumors □ Bladder/Kidney Ailment □ Diabetes □ Drug/alcohol use □ Caffeine use □ Tobacco use	 ☐ Migraines/Headaches ☐ Anxiety/Stress Syndrome ☐ Depression ☐ Contact Lenses (hard or soft) ☐ Sleep Disorder ☐ Chronic Pain 	
Additional remarks/comments:			
any changes in my physical head disease or any other medical, possible manipulations. I am responsible have. I understand that massage understand that if the massage session if possible, or will reduct will end at the original schedule.	Ith. I understand that a massage hysical, or emotional disorders to for consulting a qualified phy ge therapy is a therapeutic heal therapist starts a session late, at my fee accordingly. I understed time so the client following resession that I cannot keep. I ar	sician for any physical ailments that I Ith aide and is non-sexual. I they will make it up at the end of my tand that if I arrive late, my session me is not penalized. I agree to give m aware that I may be charges the ful	
Printed Name of Patient	Signature of Pa	tient Date	
Printed Name of Guardian	Signature of Gu	ardian Date	