



# Patient Info

confidential

Name (Last, First, Middle)	Date:
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Age:	Date of Birth:	Sex: (Circle) F M	Marital Status: (Circle) S M D W SEP
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Phone:	Email Address:
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Home Address:		
City:	State:	Zip:

Occupation:	Business Phone:
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Employer:		
Employer Address:		
City:	State:	Zip:

Emergency Contact:	Relationship:	Phone:
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Referred by (yellow pages, friend's name, acufinder.com, etc.):
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I understand that I should be evaluated by a physician for the condition I am requesting consultation. The diagnosis and treatment plan I will be given by Audra Whatley, L.Ac. is based upon Traditional Chinese medical principles and consists of natural treatment only. This treatment does not constitute a western medical diagnosis. I understand that I am not to rely upon Traditional Chinese diagnosis and treatment as my sole remedy for the treatment I am seeking. I understand if no substantial improvement is made in the condition for which I am seeking consultation, I am to seek advice from a western medical doctor. Further, if I am concurrently undergoing western medical treatments, it is my responsibility to advise my physician of any herbal supplements I am concurrently taking.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Audra Whatley, L.Ac. Lic# TXac00745**