Hermit's Point Medicine, LLC
Jen Davies, LAc, MSTCM, NCMT Andrew Davies, DNM, CBP, CHt
720-629-4211

PATIENT INFORMATION AND INTAKE FORM

Name	**Date of Birth**
Phone	**Occupation**
Email	**Address**
Emergency Contact	

MEDICAL HISTORY

Any Allergies?
Blood Thinning Medications?
Any Disorders, Diagnosis or Surgery from the list below: **□ Brain/Psychological** **□ Bones/Blood** **□ Cardiovascular/Heart** **□ Digestive/Pancreas/Intestines** **□ Endocrine/Hormones** **□ Kidneys/Bladder** **□ Nerves/Muscles** **□ Reproductive/Natal** **□ Skin/Liver/Gallbladder**

TODAY'S VISIT

Primary Complaint?								**How long have you had this?**			
Pain Level Today (circle)	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**

I affirm that all information is true and correct to the best of my knowledge.
I acknowledge that I have reviewed the Notice of Privacy Practices and am consenting to the use and/or disclosure of my health information to treat me and arrange for necessary medical care under the guidelines of HIPAA.

SIGNATURE	**DATE**