

Deborah Croan, L.Ac. Dipl.O.M.
330 41st Street
Oakland, Ca 94610

First Name:	Last Name:	Male/Female
Address:		
City:	State:	Zip:
Phone:		
Email:		
Date of birth:	Age:	
Marital status:		
Emergency contact:	Relationship:	Phone:
Referred by:		

Please describe the main reason for your visit today:

Please indicate if you have any of the following:

- Cardiac pacemaker
- Seizure disorder
- Bleeding disorder/ Blood thinners
- Fainting disorders
- High blood pressure
- Believe you are or may be pregnant
- HIV/AIDS positive
- Hepatitis
- Tuberculosis
- Other: _____

List all major childhood and adult illnesses:

Have you had any surgeries, major accidents or injuries, please explain:
