

WELCOME

LYNNE CARYL, LAC
California State License # CF2993

Personal Information Form
(Please Print Clearly)

Initial Consultation Date _____
Updated As Of _____

Ms./Mr. **First Name** _____ **MI** _____ **Last Name** _____
Address 1 _____
Address 2 _____
City ST Zip _____

Phone Home _____ **Phone Cell** _____
Phone Work _____ **Phone FAX** _____
Personal Email _____
Work Email _____

Occupation _____
Employer _____
Address _____
City ST Zip _____

Date of Birth _____ **Social Security #** _____
Referred by _____

Medical Coverage Information **Carrier** _____
Policy _____ **Group** _____
Address _____
City ST Zip _____
Contact _____ **Phone** _____

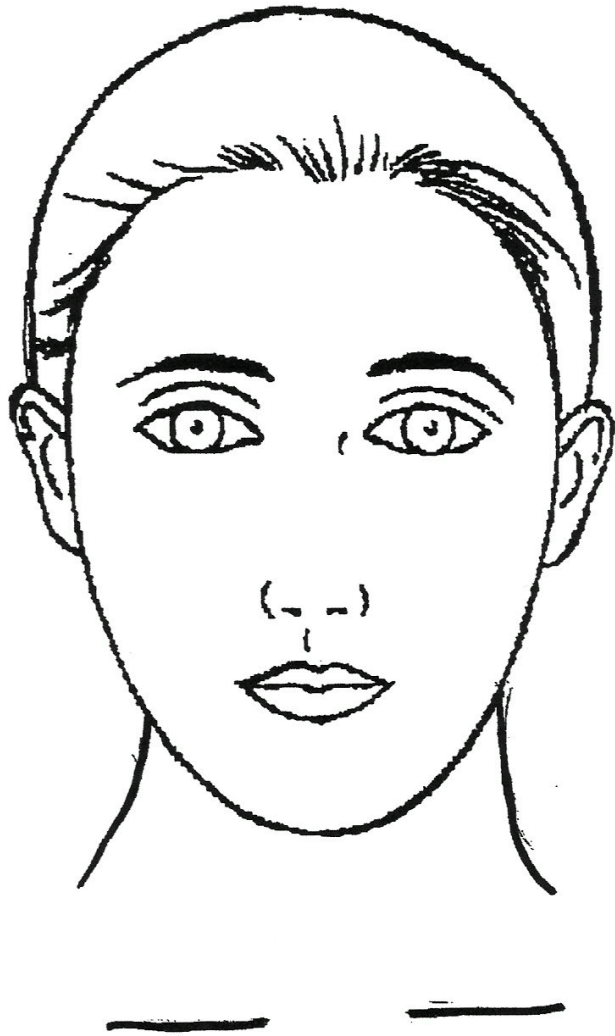
I hereby authorize practitioner, Lynne Caryl, L.Ac. to administer Acupuncture and related health care services to me. I understand that I am responsible for full payment at the time services are rendered to me. If my insurance carrier is being billed, I authorize Lynne Caryl, L.Ac., to release any information required to process this claim. I assign and release payment for services billed to be paid directly to Lynne Caryl, L.Ac., and I understand that I am fully responsible for what my insurance does not pay.

CANCELLATION POLICY: I recognize that cancelations require a minimum of a 24 hour notice or I will be billed appropriately. If appointment time change is necessary I will give maximum notice possible.

Patient Signature _____ **Dated** _____

Patient ID: _____

Patient Type Acupuncture Jade Massage Other... _____



**HARBOR ACUPUNCTURE
AND FACIAL REJUVENATION CENTER**

**1240 7th Ave.
Santa Cruz, CA 95062
831 476-1992**

I hereby voluntarily consent to treatment of Oriental Medicine by Harbor Acupuncture (Licensed Acupuncturist, State of California License # CF2993). The procedures used in this treatment include any or all of the following: acupuncture (with or without electrical stimulation), cupping, moxibustion, muscle stimulation, prescription of herbs or nutritional supplement, and/or light and sound wave facial treatments. The nature, consequences, and potential benefits and risks of these procedures have been fully explained to me.

I am aware that Acupuncture may result in certain side effects, including discomfort at the site of needle insertion, local bruising, slight bleeding, weakness, fainting, nausea, temporary pain or discomfort, and temporary aggravation of symptoms existing prior to treatment. No guarantees have been made as to the responsiveness of my condition to treatment.

We only use sterile disposable needles.

I hereby release the practitioner from any and all liability except for failure to perform the procedures with appropriate medical care. I understand that I am free to withdraw my consent and to discontinue treatment anytime.

Print Name: _____

Signature: _____

Date: _____

Facial Rejuvenation Preparation

1. Remove all jewelry
2. Remove all eyewear
3. Wash face with Jade cleanser
4. Remove eye make-up
5. Spray on Jade toner
6. Swab ears gently
7. Don hair-band
8. Let me know you are ready
9. Enjoy your Facial Rejuvenation session