



*Welcome to Tao Institute of Mind & Body Medicine*

**General Patient Information**

Doctor's Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Employed By \_\_\_\_\_

Occupation \_\_\_\_\_ Work Telephone \_\_\_\_\_

Spouse (if married) or Parent (if minor) \_\_\_\_\_

Address \_\_\_\_\_

Employed By \_\_\_\_\_

Occupation \_\_\_\_\_ Work Telephone \_\_\_\_\_

Person responsible for payment \_\_\_\_\_

**Referral Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

***Our cancellation policy states that we need 24 hours notice for cancelled appointments. If we are given less than 24 hours notice there will be a \$100 charge***