



Different Drummer Acupuncture

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Patient Information

Name _____ Sex _____ Age _____ Date of Birth _____
Address _____ City _____ State _____ Zip _____
Primary Phone _____ Secondary Phone _____
Email _____
Primary Care Doctor _____ Phone _____
Emergency Contact _____ Phone _____
How did you hear of Different Drummer Acupuncture? _____

Agreement between Marcia Mueller, L.Ac. and Patient

Health Care Provider Agreements:

I, Marcia Mueller, as your health care provider, agree to do the following:

- Treat you at your appointed time, in other words you should have little or no waiting.
- Provide unhurried, quiet care.
- Create a relaxing, healing atmosphere.
- Write down procedures and recommendations for you.
- Work with you as a partner in health care.

Signature

Date

Patient Agreements:

I, _____, as your patient, agree to do the following:

- Authorize you to administer acupuncture for the relief of my disorders.
- Arrive on time to appointments, or call if running late.
- Give 24 hours notice if canceling an appointment, or be charged \$50 for missed appointment.
- Make payment at time of service with Visa, MasterCard, personal check or cash.
- Write down any questions or concerns I may think of between appointments.
- Call or email Marcia if I have any urgent questions or concerns.
- Work with you as a partner in health care.

Signature

Date