



Different Drummer Acupuncture

Marcia Mueller, L.Ac. • 7380 SW Gable Park Road • Portland, OR 97225 • 503-291-9116
E-mail: marcia@ddacupuncture.com

Patient Information

Name: _____ Sex _____ Age _____ Birthday _____
Address: _____ City: _____ State _____ Zip _____
Home phone _____ Alternative phone _____
Email _____
Occupation _____ Employer _____
Marital Status _____ Number of Children _____
Primary Care Doctor _____ Phone _____
Emergency Contact: Name _____ 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 for missed appointments.
- 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 Marcia if I have any urgent questions or concerns.
- Work with you as a partner in Health Care..

Signature Date