

Patient Confidentiality Information

Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ /

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail address \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employers Address \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_ Driver License Number \_\_\_\_\_

Marital Status: Single Separated Married Divorced Widowed  
Emergency Contact & Relationship \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_ Speciality \_\_\_\_\_

Other Physicians You See \_\_\_\_\_

Chief Complaint \_\_\_\_\_

Please Answer the Following Questions (Yes or No)

Do you have a tendency to faint? \_\_\_\_\_ Are you HIV+ \_\_\_\_\_

Do you have a pacemaker? \_\_\_\_\_ Are you pregnant? \_\_\_\_\_

Do you have bleeding problems? \_\_\_\_\_ Have you had Hepatitis ? \_\_\_\_\_

Do you have epilepsy? \_\_\_\_\_ Do you have + Staph? \_\_\_\_\_

Office Policy

For most cases we do not bill your insurance directly. We are an out of network provider. Patients are expected to pay their fees at time of services rendered. We will gladly prepare a doctors statement of charges for you to submit to your insurance company for reimbursement.

Health Insurance Coverage \_\_\_\_\_ Phone \_\_\_\_\_

Social Security Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Group ID / Policy Number  
\_\_\_\_\_

If you need to cancel an appointment, please inform us at least 24 hours in advance to avoid an appointment charge of \$85.00. A missed appointment will also be charged \$85.00.

There is a service charge of \$30.00 for every returned check.

Voss Medicinal Healing is in compliance with all HIPPA laws and Regulations.

I have read and acknowledged that I understood all of the above information. I understand that I am financially responsible (regardless of insurance coverage) for any and all charges incurred from services provided.

Signature \_\_\_\_\_ Print \_\_\_\_\_ date \_\_\_\_\_

Name of guardian if you are under 18  
\_\_\_\_\_

Voss Medicinal Healing  
Veronika Voss Ph.D, L.A.c  
2001 Barrington Ave, suite 111, Los Angeles, Ca. 90025  
Phone: 310 281 2828 Fax: 310 472 6556