Maui Health & Wellness

Dr. Sesame Unlu, Acupuncture & Herbal Medicine

Name:____ Date of Birth:__________________ M □ / F □

Phone: ___________________________________ Email: ____

Address: ____

Health History - any known pre-existing health conditions:____

Health conditions that run in your family:____

Medications / Drugs / Herbs / Supplements you are taking:____

Are you taking blood thinners?____________ Type: ___________________ Do you bleed easily?____________

Please list any allergies you have: ____

Surgeries/Operations you've had:____

Primary Care Physician: _______________________________________ Date of last physical exam:_________

Insurance Provider: ____ Phone: ____________________

ID#: ____ Group #:_______________________________

Primary Insured *(if other than self)*:____ M □ / F □

Date of Birth: ____________ Phone: ____________________ Relationship to Insured: ______________

Name of Employer or School: ____

Address *(if different from above)*: ____

Is your condition related to an: □Auto Accident – In which state? ________ □Work Injury □Other: ______________

Date of Injury: ___________ Insurance Provider: ________________ Claim #: _________________________

Claim Handler's Name: ____________________________________ Phone: ____________________________

Are you currently seeking treatment for this condition from another healthcare provider? ____________________

Provider's Name: __________________________________ Phone: ________________________________

ASSIGNMENT OF BENEFITS – FINANCIAL AGREEMENT

Assignment & Release: I authorize payment of benefits be made directly to this healthcare provider and I understand that I am responsible for charges not covered by this assignment. I also authorize the release of any information requested to process this claim.

____

Patient signature Date

____

Guardian signature (if under 18 years of age) Date

We have a 24 hour cancellation policy. If you are unable to make it to your appointment, please let us know as soon as possible. We provide reminder calls the day before your appointment. You prefer to receive appointment reminders via: □ phone □ text □ email