



# Maui Health & Wellness

DR. SESAME UNLU, ACUPUNCTURE & HERBAL MEDICINE

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M  / F

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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: \_\_\_\_\_ ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

**If the Primary Insured is someone other than yourself:**

Name: \_\_\_\_\_ M  / F

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Insured: \_\_\_\_\_

Address (if different from yours): \_\_\_\_\_

**If your condition is related to an:**  **Auto Accident** **OR**  **Work Injury** Date of Injury: \_\_\_\_\_

In which state? \_\_\_\_\_ 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 (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 a reminder the day before your appointment. How do you prefer to receive appointment reminders?  phone  text  email*