

PATIENT INFORMATION

CONFIDENTIAL

Welcome to Isthmus Wellness Center, LLC. Please take a moment to provide us with some information about yourself and your health conditions so that we may do our best to treat you. Isthmus Wellness Center, LLC considers this information privileged physician/patient communication and will hold it in confidence.

PREFERRED NAME (LAST, FIRST, MIDDLE)

DATE

PRONOUNS (e.g. they/them, she/her)

ADDRESS

CITY, STATE, ZIP

DATE OF BIRTH/AGE

HOME PHONE

CELL PHONE

EMAIL WILL NOT BE SHARED

ASSIGNED BIRTH SEX (e.g. male, female, intersex, etc.)

GENDER IDENTITY (e.g. male, female, non-binary, etc.)

EMPLOYER

JOB TITLE

WORK ADDRESS

WORK PHONE

CONTACT IN CASE OF EMERGENCY

RELATIONSHIP

PHONE

INSURANCE POLICY: Isthmus Wellness Center, LLC provides receipts with each visit that you can submit for insurance and flex savings reimbursement. Some insurance companies provide reimbursement under wellness benefits and some for the treatment of specific conditions. Please check with your carrier prior to your first visit.

Health savings accounts and flexible spending accounts may require a letter of medical necessity for acupuncture, massage, herbs, and nutritional supplements. If you do, please let us know and we would be happy to provide a letter for you.

I understand that I should be evaluated by a physician for the condition for which I am requesting consultation. The diagnosis and treatment plan I will be given by Isthmus Wellness Center, LLC is based upon traditional Chinese medical principles for natural treatment only, and does not constitute a western medical diagnosis. I understand that I am not to rely on traditional Chinese diagnosis and treatment as my sole remedy for the treatment I am seeking. I understand if no substantial improvement is made in the condition for which I am seeking consultation, I am to seek advice from a western medical doctor. Further, if I am concurrently undergoing western medical treatments, it is my responsibility to advise my physician of any herbal supplements I am currently taking.

SIGNATURE _____

DATE _____



Heal in Harmony
Isthmus Wellness™

515 Junction Rd, Suite C
Madison, WI 53717
608.441.WELL (9355)
info@isthmuswellness.com
www.isthmuswellness.com