TINA MARCANTEL, ND NATUROPATHIC PHYSICIAN 6589 S. Kings Ranch Rd., Ste. 102B Gold Canyon, AZ 85118 Tel: 480-738-1647 Fax: 480-779-6317

## PATIENT REGISTRATION and PERSONAL INFORMATION (Please Print Clearly)

| PATIENT'S FULL NAME  |   |                              | SEX   |                       |
|--|---|------------------------------|---|-----------------------|
| HOME ADDRESS   |   |                              |   |                       |
| CITY   |   |                              |   |                       |
| AGE  |   |                              |   |                       |
| DATE OF BIRTH/   | / F   | LACE OF BIRT                 | Н   |                       |
| MOBILE PHONE   |   | OTHER PH                     | IONE  |                       |
| E-MAIL ADDRESS   |   |                              |   |                       |
| NAME OF EMPLOYER   |   |                              |   |                       |
| SIGNIFICANT RELATIONSHIP S  MARRIED NON-MARRIED PARTN  EMERGENCY CONTACT  ADDRESS  | ER SINGLE   | WIDOWED SE                   | PARATED DIVORCEDRELATIONSHIP                  |                       |
| CITY   |   |                              |   |                       |
| HOW DID YOU HEAR OF DR. TI  I UNDERSTAND AND AGREE RESPONSIBLE FOR ALL CHARG PAY A FEE FOR THE DOCTOR'S WITH LESS THAN 48 HOURS NO | THAT REGARI<br>GES ON THIS AC<br>S TIME IF I FAII | DLESS OF MY<br>COUNT. I UNDI | INSURANCE, I AM FINA<br>ERSTAND AND AGREE THA | ANCIALLY<br>AT I WILL |
| SIGNATURE  |   | D.                           | ATE   |                       |

| Print Name   |  |
|--|--|
| What are your 3 most important health concerns in order of importance? |  |
| 1  |  |
| 2  |  |
| 3  |  |
|  |  |

MEDICAL HISTORY: Mark "C" (current) or "P" (past) for any conditions you or your relatives have had.

| CONDITION         | SELF | MOTHER | FATHER | SIBLING | CHILDREN | GRAND<br>PARENTS |
|-------------------|------|--------|--------|---------|----------|------------------|
| ALCOHOL           |      |        |        |         |          |                  |
| ALLERGIES         |      |        |        |         |          |                  |
| ANEMIA            |      |        |        |         |          |                  |
| ARTHRITIS         |      |        |        |         |          |                  |
| ASTHMA            |      |        |        |         |          |                  |
| BLEEDING PROBLEMS |      |        |        |         |          |                  |
| CANCER            |      |        |        |         |          |                  |
| DIABETES          |      |        |        |         |          |                  |
| DRUGS             |      |        |        |         |          |                  |
| SKIN CONDITIONS   |      |        |        |         |          |                  |
| EMPHYSEMA         |      |        |        |         |          |                  |
| EPILEPSY          |      |        |        |         |          |                  |
| GOUT              |      |        |        |         |          |                  |
| HEART PROBLEMS    |      |        |        |         |          |                  |
| HEPATITIS         |      |        |        |         |          |                  |
| HIGH BLOOD        |      |        |        |         |          |                  |
| PRESSURE          |      |        |        |         |          |                  |
| MENOPAUSE         |      |        |        |         |          |                  |
| MENTAL DISORDER   |      |        |        |         |          |                  |
| MIGRAINES         |      |        |        |         |          |                  |
| PERIOD            |      |        |        |         |          |                  |
| ABNORMALITY       |      |        |        |         |          |                  |
| PMS               |      |        |        |         |          |                  |
| PROSTATE PROBLEMS |      |        |        |         |          |                  |
| STROKE            |      |        |        |         |          |                  |
| THYROID PROBLEMS  |      |        |        |         |          |                  |
| ULCERS            |      |        |        |         |          |                  |
| VENEREAL DISEASE  |      |        |        |         |          |                  |
| WEIGHT PROBLEMS   |      |        |        |         |          |                  |

LIST OPERATIONS, MAJOR INJURIES, OR OTHER MEDICAL PROBLEMS – INCLUDE DATE

| DATE | PROCEDURE OR EVENT | RESIDUAL/LINGERING EFFECT |
|------|--------------------|---------------------------|
|      |                    |                           |
|      |                    |                           |
|      |                    |                           |
|      |                    |                           |

|                  | Print Name  |        |
|------------------|---|--------|
|                  | Dx  |        |
|                  | ALLERGIES   |        |
| Preferred pharma | acy name & phone number                               |        |
| CURRENT PRESO    | CRIPTION MEDICATIONS                                  |        |
| START DATE       | NAME OF PRESCRIPTION MEDICATION<br>AND REASON FOR USE | DOSAGE |
|                  |   |        |
|                  |   |        |
|                  |   |        |
| SUPPLEMENTS A    | AND/OR VITAMINS                                       |        |
| START DATE       | NAME OF SUPPLEMENT AND REASON<br>FOR USE              | DOSAGE |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |

## Please Read and Initial

| Initial intake visit (approx. 1 hour): \$275.00. Folloask for specific prices before receiving treatment.   | Cost of Services ow-up visits are typically 15 minutes to 1 hour (\$65.00-\$220.00). Please  |
|---|--|
| Note: Prices for services are subject to change with website (www.drmarcantel.com) or ask our recept  | hout notice. For a complete listing of our current prices, please see our tionist for a price list.  |
|   | INITIAL  |
| If you have any questions or medical updates per office visit to consult with the doctor.   | Contacting our Office taining to your treatment protocol, you must call to schedule a phone of   |
|   | INITIAL  |
| <b>insurance</b> . However, some may be covered by so this is a covered benefit. Dr. Marcantel is not in-1 At your request, a superbill will be provided for reimbursement. Please contact your insurance pro | INITIAL  Cancellation Policy   |
|   | INITIAL  |
|   | Informed Consent f the information above and also gives Dr. Tina Marcantel, an Arizona naturopathic treatment for you or the minor for whom you are legally in |
| Signature _ <mark>X</mark>  | DATE   |
| Name of Minor Patient   | Relation to Minor  |

Dr. Tina Marcantel 6589 S. Kings Ranch Road, Suite 102B Gold Canyon, AZ 85118 (480) 738-1647

Our office is located on Kings Ranch Road about one mile north of US 60 in Gold Canyon. When coming from the west (Apache Junction) on Highway 60, turn **left** onto Kings Ranch Road. We are on the right side of the road across from the Methodist church.

Our office is in **Executive Suites**, **Suite 102**, right next to **Gold Canyon Dentistry**. We are in Suite 102B.

