



Kwan-Yin Healing Arts Center
2330 NW Flanders, Suite 101
Portland, OR 97210
(503) 701-8766

Thank you for scheduling with us, we strive to provide the best possible integrative care for our clients. Here at the clinic we have a team of Naturopathic Doctors, Oriental Medical Practitioners, Licensed Acupuncturists, Body Workers, Medical Doctors, Physical Therapists, Massage Therapists, and Chiropractic Physicians. During your initial evaluation your practitioner will do their best to do a thorough evaluation and give you a treatment plan. You can assist us in that by making sure you have fully completed the intake paperwork enclosed. The advantage of the integrative office is that there are many modalities that can provide input should any of us find the need for assistance.

We are located just west of the intersection of NW 23rd on NW Flanders (between 23rd & 24th Ave.). Parking is available in the main and lower lot; please do not park below the building in the covered area. Wheelchair access for the first floor is located through the main level parking lot. Please come a few minutes early and enjoy a cup of tea before your appointment.

Please be aware that we ask patients to give us 48 hour notice if they need to reschedule or cancel an appointment. Late cancellation or missed appointments incur a \$45.00 fee or greater, as we are unable to reschedule the appointment with another patient without sufficient notice.

It will be a pleasure to support you on your path towards wellness.

PATIENT NAME: _____

PATIENT DOB: _____

Basic Information

Name _____ Date _____

Address _____

City _____ State _____ Zipcode _____

Telephone # (home) _____ (work) _____

(cell) _____ Is it ok to leave a message? _____

Email Address _____ Age _____ Date of Birth _____

Gender _____ Occupation _____

How did you hear about our clinic? _____

Emergency Contact _____ Relationship _____ Phone _____

History

Have you ever received a professional massage? Y N Date of last message _____

What results do you want from your massage sessions? _____

List any exercise activities and frequency _____

Are you currently under the care of a medical professional? Y N

If yes, where from and whom? _____

List any current medications and purpose _____

List any injuries/accidents/illnesses still affecting you _____

List any surgeries and date _____

Please mark any of the following that you now have or have had.

Musculoskeletal

- Bone or joint disease
- Tendonitis/Bursitis
- Arthritis/Gout
- Lupus
- Spinal Problems
- Other _____

Circulatory

- Heart Condition
- Phlebitis/Varicose Veins
- Blood Clots
- High/Low Blood Pressure
- Thrombosis/Embolism
- Other _____

Respiratory

- Breathing difficulty
- Emphysema
- Allergies _____
- Sinus Problems
- Other _____

PATIENT NAME: _____

PATIENT DOB: _____

