

**Natural Health Partners**  
**1403 Lomita Blvd., Suite 303-B**  
**Harbor City, CA 90710**  
**(310) 988-8403**  
**Fax (310) 634-0389**

**Intake Form**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

- Married
- Divorced
- Widowed
- Single
- Separated

**Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

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

**Reason for your appointment today:** \_\_\_\_\_

**In Case of Emergency, Please Notify:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Payment Information: I will be paying by:**

- Cash \_\_\_\_\_
- Personal Check \_\_\_\_\_
- Credit Card:**
  - VISA & MasterCard
  - Discovery

**How did you hear about us?**

- Referral Who referred you to our clinic? \_\_\_\_\_
- Internet If so, which website? \_\_\_\_\_
- Media (TV, newspaper, magazine) If so, please identify: \_\_\_\_\_
- Flyer
- Lecture
- Conference or Health Expo
- Other Please explain: \_\_\_\_\_