



KIMA
PATIENT PROFILE

Mr./Mrs./Ms/Dr./ Name:	Date of Birth:
Street:	City/State/Zip Code:
Telephone Number (Mobile/Home):	Telephone Number (Work):
Email:	How did you find us?
Referring Doctor:	Other MDs you work with:
Insurance Company:	Problem Area:
Insurance ID#:	Diagnosis:
Emergency Contact (Name):	Emergency Contact (Telephone Number):

Please check any wellness modalities you are interested in:

Acupuncture Feldenkrais Massage Meditation Pilates Reflexology Yoga

Would you be interested in receiving emails regarding upcoming classes and special educational seminars? Yes No