



3531 NE 15th Avenue, Suite A
Portland, Oregon 97212

Blossom Clinic is a holistic health clinic consisting of Liz Richards Acupuncture, PC and multiple Independent Contractors. Part of our success is our teamwork. At Blossom, we believe in taking a multi-pronged approach to your health. Your treatment plan at Blossom may include seeing several of the practitioners to achieve greatest results and may include: acupuncture, nutrition, lab testing, bodywork, massage, and the use of medicinal herbs/supplements. Blossom Clinic is composed of dedicated professionals practicing Chinese Medicine, Acupuncture, Naturopathy, Asian Bodywork and Massage.

NEW CLIENT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Home Phone: _____ Work or Cell Phone: _____

Date of Birth: _____ Occupation: _____

Emergency Contact: _____

We send out email confirmation reminders. Is this okay with you? Y N

We keep Credit Card information on file. Is this okay with you? Y N

How did you hear about Blossom Clinic? _____

POLICIES (Please initial after each)

- Blossom Clinic respects client confidentiality. Names and records are never shared outside of the office without your expressed consent. As group practice, we may wish to discuss your case history to gain new perspective or greater understanding. If you consent to your case being shared among Liz Richards and our Independent Contractors please initial here. _____
- **We encourage clients to arrive on time and request 24-hour notice of cancellation. Cancellations with less than 24-hour notice will be charged half the normal fee. Any missed appointments without notification will be charged full price.** _____
- **Please note: We are a “fee for service” clinic and require payment at the time of service.** _____

We deeply appreciate your patronage and wish you health and happiness.

By signing below, you understand and agree to take all recommendations as suggested steps to prevent imbalance and disharmony and to promote well-being. We further understand that this therapy should not be interpreted as replacement for allopathic treatment and will seek conventional medical treatment when and if necessary. Finally, you understand and accept the above policies.

Signature: _____ Date: _____