Homeo-Ozone

REGISTRATION FORM

<table>
<tr><td colspan="3">Today's Date:</td><td colspan="2"></td></tr>
<tr><th colspan="5">PATIENT INFORMATION</th></tr>
<tr><td>Patient's Last name:</td><td>First:</td><td>Middle: [Initial]</td><td colspan="2">Marital status:</td></tr>
<tr><td colspan="2">Birth date:</td><td>Age:</td><td colspan="2">Sex:
◯ M ◯ F</td></tr>
<tr><td colspan="5">Address:</td></tr>
<tr><td></td><td colspan="3">Home phone no.:</td><td>Cell phone no.:</td></tr>
<tr><td>Occupation:</td><td colspan="3">Employer:</td><td>Employer phone no.:
[Phone]</td></tr>
<tr><td colspan="2">Chose clinic because/referred to clinic by (Please choose one option):</td><td colspan="3">◯ Doctor's name
◯ Patient's name</td></tr>
<tr><td colspan="5">Other family members seen here:</td></tr>
<tr><td colspan="5">Reason for Appointment:</td></tr>
<tr><td colspan="2">Present Illness/Symptoms:</td><td colspan="3">Past Illness/Symptoms:</td></tr>
<tr><td colspan="5">Family History:</td></tr>
<tr><td colspan="2">Mother's side:</td><td colspan="3">Father's side:</td></tr>
</table>

Any Surgeries in the past:	
Medications:	
Present medications:	Past medications:
Allergies:	
Medical Reports: Present reports:	Past reports:

PATIENT CONSENT

I have been informed and explained about the Ozone/IV Nutritional/Chelation/Mistletoe treatment to my satisfaction and I agree to undergo the treatment at my own risk and responsibility.

Patient/Guardian signature	Date