



Dr. Lynn Mikel

206-878-2628

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Patient Information Form

Name _____ Birth date _____

Address _____ City _____ Zip _____

Phone Number _____ Work Phone _____

E-mail address _____ Cell Phone _____

Emergency contact _____ Phone _____

Employer name and address _____

Marital status _____ Occupation _____

Insurance Name _____ Group and ID # _____

Social Security # _____ Age _____

Medications _____

Allergies _____

Blood type _____ Transfusions _____ Pregnancies _____

List three things in your life that give you joy

History of Infectious diseases

Reason for seeking services _____

I have received Notice of Privacy Practices and Payment /Cancellation policy and agree to energetic treatment modalities and the use of kinesiology for therapeutic intervention.
(sign)
