

Mary Church, Ph.D.

1188 Bishop Street, Suite 3105
Honolulu, HI 96813

Check-in Information

Name _____ Date ____/____/____

Address _____

City _____ Zip _____

Referred by: _____

Best Phone Number: _____

Birth date ____/____/____

Email Address: _____

Education (highest level achieved): _____

Employment: _____ Title: _____

How long in position: _____

Emergency Contact: (Name) _____

(Phone) _____ (Relationship) _____

Physician: _____

Last examination date ____/____/____.

Are you taking any medication or experiencing any health problems? **Y/N** (circle one)

If yes, please describe

Insurance Information:

Do you currently have insurance coverage? **Y/N** (circle one)

Type of Insurance: _____

(If insured, please provide your insurance card with this form)