

**Andreas Marx, O.M.D., Dipl. Ac. (NCCAOM)  
New Client Information Form**

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Parent/Legal Guardian (if under 18): \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Best time to reach you: \_\_\_\_\_

Whom may I thank for referring you?

\_\_\_\_\_

Health History - Please include surgeries and dental work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Main Concern:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current supplements and prescription drugs:

\_\_\_\_\_  
\_\_\_\_\_