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Oct 01, 2016 · Maricopa HMIS I-HELP Intake Form Rev. 10/1/2016 Page 1 Of 5 1. Client Information Client Name ... Self Significant Other Sister Son Son-in-law Stepdaughter Step-son Unknown ... VA Non-Service Disability Pension VA Service Connected Disability Comp Worker's Compensation If ... Mar 6th, 2024

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Weight Gain Or Loss Palpitations Chest Pain Insomnia Neuropathy Dizziness Hot Flash/night Sweats Tend To Be Hot Tend To Be Cold Circle Any That Apply: Fatigue, Stress, Anxiety, Depression, Frustration, Anger, Fear, Worry, Over-thinking Women Only: - Date Of Last Period: _____ - Circle All Feb 4th, 2024

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Cold Sensations: Hands Feet Back Heat Sensations: Hands Feet Solar Plexus ... Preferred Phone: Home Work Cell E-mail: ... Preferred Jan 2th, 2024

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Natural Treatment Only, And Does Not Constitute A Western Medical Diagnosis. I Understand That I Am Not To Rely On Traditional Chinese Diagnosis And Treatment As My Sole Remedy For The Treatment I Am Seeking. I Understand If No Substantial Improvement Is Made In The Condition For Wh Jan 9th, 2024

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Feb 14, 2020 · [Pick The Date] Page 6 Deadman, P. Al-Khafaji, M, Baker, K. 2001, A Manual Of Acupuncture, Journal Of Chinese Medicine Publication, East Sussex, England. Feb 8th, 2024

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Counseling Client Intake Form Template Date Administrator Is This A Previous Patient? Referred By Patient Onboard Information Name Cell Phone Home Address Alt. Phone Email Social Security Number Work Address Date Of Birth Emergency Contact Name Of Contact Relationship To Client Main P Mar 5th, 2024

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1 Metabolic Assessment Form Name: ____ Age: ___ Sex: ___ Date: ___ PART I Please List The 5 Major Health Concern In Your Order Of Importance: 1. ___ 2. Feb 5th, 2024

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