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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 ... Feb 20th, 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 Apr 7th, 2024

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Cold Sensations: Hands Feet Back Heat Sensations: Hands Feet Solar Plexus ... Preferred Phone: Home Work Cell E-mail: ... Preferred Mar 14th, 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 Mar 10th, 2024

AIM INSTITUTE Review - Acupuncture - Acupuncture Healing

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. Mar 2th, 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 1th, 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 4th, 2024

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PART I Please List The 5 Major Health Concerns In Your Order Of Importance: 1. SEE INTAKE FORM P. 1 2. 3. Feb 4th, 2024

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