



Allyson O'Connell Nevard, L. Ac.  
Chinese, Japanese and Dr. Tan style acupuncture  
Chinese herbal medicine

Patient name \_\_\_\_\_ Date \_\_\_\_\_

### Emergency Contact Information

Emergency contact name \_\_\_\_\_

Relation to patient \_\_\_\_\_

Phone numbers home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

I authorize the office of Allyson O'Connell Nevard, L.Ac. to contact the above in the case of emergency.

Signature \_\_\_\_\_

Guardian Signature \_\_\_\_\_

### Permission to Leave Message

I, \_\_\_\_\_, give the office of Allyson O'Connell Nevard, L.Ac.  
Patient name

permission to leave a message on an answering machine or with another person at the contact numbers I have provided. I understand that only scheduling information will be provided and that all health related information will be kept confidential.

Signature \_\_\_\_\_

Guardian Signature \_\_\_\_\_