

Marilyn Yohe, Lic. Ac., MAOM
Licensed Acupuncturist & Chinese Herbalist

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Cambridge, MA 02139
617-354-2274

Client Information Form

Name _____

Address _____

Telephone _____ (day) _____ (evening)

Email address: _____

In case of emergency, please contact:

Name _____ Relationship to client _____

Phone _____ (day) _____ (evening)

I am aware of the 24-hour cancellation policy. Any appointment cancelled with less than 24 hours notice will be charged the full appointment fee..

Signature of client (or guardian) _____ Date _____

**ACKNOWLEDGEMENT OF RECEIPT
NOTICE OF INFORMATION PRACTICES**

I, _____ have received Marilyn Yohe's
Notice of Information Practices.

Client's Signature _____ Date _____