



Heather Botjer LAc MS  
3136 Route 207, Suite 105  
Campbell Hall, NY 10916  
551.655.1531

**Patient Full Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Contact Phone** \_\_\_\_\_

**Language Spoken** \_\_\_\_\_

**Race** \_\_\_\_\_

**Ethnicity** \_\_\_\_\_

**Prefer not to say** \_\_\_\_\_

**Patient Signature** \_\_\_\_\_

**-Date:** \_\_\_\_\_