

(Office Use Only) **DX:** \_\_\_\_\_

**NATURAL MEDICINE GROUP**  
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**77682 Country Club Dr., Suite A**  
**Palm Desert, CA 92211**  
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**TODAY'S DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_ **SEX:** M F **DOB:** \_\_/\_\_/\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** (\_\_\_\_) \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**To receive text appointment reminders please enter your cell phone carrier** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_ **Cell #:** (\_\_\_\_) \_\_\_\_\_

**HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_ **Marital Status:** S M W D **SSN:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

How were you referred to our office? \_\_\_\_\_

Patient Referral Name: \_\_\_\_\_

**PLEASE DESCRIBE YOUR MAIN CONCERN/REASON FOR VISIT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payment is required at the time of service.