

**Dr. Emily Miller, ND**  
**The Luna Center for Natural Health**  
**10 Strawberry Dr, Unit 9**  
**Dover, NH 03820**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Other names/Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ SS#: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**May confidential messages be left at any of the above numbers?**  **Yes**  **No** If **Yes**, please specify \_\_\_\_\_

Mother's Name (minors only): \_\_\_\_\_

Father's Name (minors only): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact's Phone #: \_\_\_\_\_

Emergency Contact is my: (specify relationship) \_\_\_\_\_

Do you have special needs?: \_\_\_\_\_

Are you visually impaired?  **Yes**  **No** Are you hearing impaired?  **Yes**  **No**

How did you hear about Dr. Miller? \_\_\_\_\_

**Major allergies, particularly to drugs?** \_\_\_\_\_

**Email address:** \_\_\_\_\_ Is it okay to email you with regard to treatment or labs?  **Yes** /  **No**

Dr. Emily Miller, ND is required to provide you with a copy of her Notice of Privacy Practices and to obtain written acknowledgement, if possible, that you have received it. The notice outlines the types of uses and disclosures that may occur involving your protected health information and describes your rights and explains how you may exercise those rights. Please read it carefully. If you have questions concerning the management of your healthcare information, wish to inquire about your rights, or if you wish to schedule an appointment to view your medical record, please call the office and schedule an appointment to do so.

**I hereby acknowledge that I have received a copy of Dr. Emily Miller, ND's Notice of Privacy Practices.**

**X** \_\_\_\_\_  
Patient's Signature Date

**X** \_\_\_\_\_  
Guardian/Representative's Signature Date

\_\_\_\_\_  
Relationship to Patient/Representative Authority