

**WAKE INTEGRATIVE HEALTH
DR. ROBERT MILHAM, D.C.
900 W WILLIAMS ST
APEX, NC 27502
919.303.2778**

Patient Introduction

Personal History:

Your Name: _____
First Middle Last

Your Address:

Street City/State Zip

Telephone: Home: _____ Cell: _____

Email Address: _____

Birth Date: Month: _____ Day: _____ Year: _____

Marital Status: _____

Occupation: _____

Employer: _____

Present MD: _____ City: _____

Referred to our Centre or Seminar by:

Thank You!