

Welcome to the Qi(Chee)Center

Nancy A. Fisher LAc.

Please note that all information is strictly confidential.

First Name: _____ Last Name: _____

Date of Birth: / / _____

Single Married Life Partner Divorced Widowed

Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

In Case of Emergency Contact:

Relationship & Phone: _____

Family Physician: _____ Phone: _____

How did you hear about us?

May we correspond with you (invoices, questions, etc.) via email? Yes No
If not, how shall we correspond with you?

Occupation: _____ Hours per week: _____

How long have you had this occupation? _____

Previous occupations? _____

On a scale of 1 (low) to 10, how stressful is your:
Work? Health status? Social/family situation?

| | |
|--------------------------------|--|
| Primary Health Concerns | How long have you had this condition? |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

What types of treatments have you tried, if any?