



Welcome

Please complete this CONFIDENTIAL questionnaire

Name _____ Date _____

Date of birth _____ Age _____ Sex _____

How did you hear of us? _____

Address _____

City _____ State _____ Zip _____

Employer _____ Occupation _____

Home phone (____) _____

Work phone (____) _____

Other phone (____) _____

E mail _____

Please send invoices by Post __ Email __ *Invoices sent once/month. Please add office@firedragonacupuncture.com to your INBOX safe list/ check SPAM & Junk boxes.

I prefer to be contacted via:

- ☐ Home phone
- ☐ Work phone
- ☐ Other phone
- ☐ E mail

Marital Status? _____

Emergency contact name _____

Emergency contact phone _____

Notes/Additional information _____

PLEASE READ AND SIGN BELOW:

In fairness to other patients and us, 24 hour notice is required for cancellation of appointments, or you will be charged \$50 for the missed appointment time.

It should be understood that all services are charged to you, the patient, who is legally responsible for payment. Patient agrees to pay all collection costs including, but not limited to reasonable attorney fees, late charges and litigation costs in the event of any breach, including failure to timely make any required payments.

Signature _____
(Patient/Parent/Legal Guardian)

Date _____

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