

Sequoia Healing Center
Anita Chen Marshall, DAOM, Pharm.D, L.Ac.
2766 Sea View Parkway
Alameda, CA 94502

Patient Registration Form
(Please print clearly)

Name: _____ Date: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell/Mobile Phone: _____ Fax Number: _____

E-mail Address: _____

Age: _____ Date of Birth: _____ Driver License #: _____

Employer: _____ Occupation: _____

Work Address: _____ City: _____ Zip Code: _____

Insurance Carrier: _____ Membership #: _____

Name of Spouse/Partner: _____ Daytime Phone #: _____

Employer: _____ Occupation: _____

Number of Children: _____ Ages: _____

Contact Person, in case of emergency: _____ Phone: _____

Name of Primary care Physician: _____ Phone: _____

Address: _____ City: _____ Zip code: _____

Have you ever been treated with Acupuncture or Chinese Herbal Medicine before? _____

If Yes, when and for what reason? _____

Who referred you to this office? _____