



**communi-chi**  
**Community Acupuncture Clinic**  
2524 16<sup>th</sup> Ave South, #301, Seattle, Wa, 98144  
206.860.5009

## REGISTRATION FORM

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET APT# CITY STATE ZIP CODE

TELEPHONE \_\_\_\_\_  
HOME WORK CELL

EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: FEMALE / MALE

WHERE OR FROM WHOM DID YOU LEARN ABOUT COMMUNICHI?  
\_\_\_\_\_

PRIMARY CARE PHYSICIAN \_\_\_\_\_

OCCUPATION \_\_\_\_\_ COMPANY NAME \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET APT# CITY STATE ZIP CODE

TELEPHONE \_\_\_\_\_  
HOME WORK CELL

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_