



Qi Analysis price is \$350

All information provided will be kept strictly confidential

Please fill out the information below and mail with your check made payable to Tracy Stewart, PO Box 1212 Healdsburg, CA 95448

Qi Balance Diagnosis Order Form

CLIENT INFORMATION

Title First Name Last Name
Dr., Mr., Ms
Address City
State / Province / Region Zip / Postal Code Country
Telephone Cell Phone Email Gender

BIRTH INFORMATION

Location Of Birth: City State / Province Country
Date Of Birth: Month Day Year Time Of Birth AM PM
Calendar: Western (Solar) ☐ Chinese (Lunar) ☐ The Above time is: Exact ☐ Approx ☐ Unknown ☐
Time Standard: Local Standard Time ☐ Local Daylight Savings Time ☐ Don't Know ☐ Other ☐
Time Precision: As It Appears on My Birth Certificate ☐ Adjusted 1 Hour Back To Standard Time ☐

Please Note: The more accurate your time of birth, the more accurate the results. However, even if the time is unavailable an analysis and diet is still possible.

HEALTH CONCERNS

Please describe any health problems or concerns you are experiencing.

Include any chronic symptoms, emotional or physical, such as anxiety, fear, depression, anger, impatience, constipation, backaches, headaches, frequent colds, allergies, (specify whether digestive, skin, or respiratory), digestive problems etc.

Additional Information:

Use the space below to provide other comments related to this Qi Analysis. This could include more detailed information delivery instructions, etc.

This Analysis Is For: Myself ☐ Another ☐