

First Name:	Last Name:	Date of Birth:
Prefer to be Called:	Marital Status (Circle): Single Married Partnered Widowed Separated	Age:
Street Address:	City:	State: Zip:
Preferred Phone (Circle): home work cell	Alternate Phone: home work cell	May we leave a message on your preferred phone? <input type="radio"/> Yes <input type="radio"/> No
Employer:	Occupation:	SS#
Emergency Contact Name:	Preferred email:	Primary Care Physician:
Emergency Phone(s):		
List any drug allergies:	Preferred Pharmacy:	List any food allergies:

**What is your main reason for your visit today?**

**Which Services Interest You:**

- |  |   |  |
|--|---|--|
| <input type="radio"/> acupuncture            | <input type="radio"/> energy medicine                 | <input type="radio"/> men's health         |
| <input type="radio"/> aromatherapy           | <input type="radio"/> emotional freedom technique     | <input type="radio"/> nutritional testing  |
| <input type="radio"/> Biofeedback            | <input type="radio"/> frequency specific microcurrent | <input type="radio"/> metabolic blueprint  |
| <input type="radio"/> bio-identical hormones | <input type="radio"/> functional medicine             | <input type="radio"/> nutrition counseling |
| <input type="radio"/> Bowen technique        | <input type="radio"/> food allergies testing          | <input type="radio"/> organization         |
| <input type="radio"/> Chiropractic           | <input type="radio"/> health coaching                 | <input type="radio"/> rapid eye technology |
| <input type="radio"/> craniosacral therapy   | <input type="radio"/> Healing Touch™                  | <input type="radio"/> Reiki                |
| <input type="radio"/> counseling/therapy     | <input type="radio"/> HeartMath™                      | <input type="radio"/> walk & talk therapy  |
| <input type="radio"/> detox program          | <input type="radio"/> life coaching                   | <input type="radio"/> wellness             |
| <input type="radio"/> energy medicine        | <input type="radio"/> massage                         | <input type="radio"/> weight loss          |

**Would you like to receive our newsletter?** ☐Yes ☐No (we will never sell your name)

**Cancellation & Re-Scheduling Policy**

We understand that there are times when you will need to cancel and/or reschedule your appointment due to emergencies. We will do our best to accommodate your needs in such situations.

**Please know that all cancellations and/or rescheduling requests must be made at least two business days prior to the date of your appointment.** If a previously scheduled session is not cancelled or rescheduled within 24 hours of the time of the appointment, that session will be "missed" and charged for the full session fee. Thank you for your understanding.

( ) I understand and accept this policy

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Today's Date

**Records and Privacy Policy:** We will not release your records to anyone without your written consent. Because this is an integrated practice with multiple practitioners, we may facilitate care by having only one record per client. Coordinated care by your chosen practitioners will always be done with respect for your personal privacy and confidentiality.

( ) I understand and accept this policy

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Today's Date