

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

LIVING WELL

: health & wellness center :

LEGAL WAIVER

I am attending this life/business consultation and working with Jenny Bair, MHE, of my own volition. Jenny recommends that you inform your medical doctor, psychologist or psychiatrist of any serious lifestyle changes which you make as a result of her recommendations while under the care of both practitioners.

I understand that Jenny Bair, MHE, the person teaching and leading this session is a health educator, professional organizer and coach and is not a licensed professional counselor. I take full responsibility for my own physical and mental health and for the decisions regarding my life or business that I make as a result of Jenny Bair's recommendations.

I understand that Jenny Bair, MHE, is trained to help guide, educate, and coach to facilitate change through processing, life mapping, planning, and professional organizing clients regarding the improvement of their life, health, and/or business through strategic lifestyle changes, systems, behavioral contracts and homework between appointments. In addition, any dietary supplements, other testing or practitioners to consult that are recommended are suggestions and whether or not I partake of these suggestions is as a result of my own volition.

I hereby release and discharge Jenny Bair, Living Well Dallas, Inc., The JBair Company, Divine Order, S.O.S. and the Inner Organizer from any and all claims that I or my family or heirs, have or may have, now or in the future. I have read and understood all of the above, and agree to proceed under these conditions.

I understand that the above is meant to have legal significance and be legally binding.

Print your full name and today's date

Sign your full name and today's date

Practitioner Signature and today's date



CANCELLATION & RE-SCHEDULING POLICY

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Please know that our policy is to make all cancellations and/or rescheduling requests at least two business days prior to the date of your appointment. As our practitioners are scheduled in hour blocks of time, we request that this policy is honored as strictly as possible. 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.

Please sign here indicating that you understand and accept this policy:

Patient Signature

Date