

A Therapeutic Effect

Personal Data

Patient's Name: _____	Today's Date: _____
Address: _____ _____	Phone Number: <small>daytime</small> _____
email: _____	<small>evening</small> _____
Date of Birth: _____ / _____ / _____ <small>month day year</small>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation: _____	Referred by: _____
Emergency Contact: _____	Phone Number: <small>daytime</small> _____
Relationship: _____	<small>evening</small> _____

Are you currently under a Physician's care? Yes No

If yes, please explain: _____

Please list any past or present injuries, accidents, or medical treatment including surgeries:

Are you pregnant? Yes No *If yes, some services may not be administered.*

Please list all known allergies: _____

Please list all medications and supplements you are taking: _____

CANCELLATION POLICY

If you are unable to keep your appointment - for any reason - please give us as much notice as possible. For appointments broken with less than 12 hours notice, we reserve the right to charge 50% of the standard fee. Appointments that no show will be charged in full to cover the therapist's time.

