



Phone (610) 730-9136
Glenyswellness@gmail.com
Skype: glenyseldred

Client Information:

Date: _____

Name: _____

Address (street, apt #): _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ **Mobile Phone:** _____

Age: _____ Birthdate: _____ Sex: M / F Marital Status: Single / Married

Occupation: _____ Business Name: _____

Work Phone: _____ **E-mail:** _____

In Case of Emergency Contact (Name): _____ **Phone:** _____

Address: _____ Relationship: _____

Purpose of the Appointment: _____

Other Therapy/Treatment you have tried: _____

_____ Have they helped? Y / N

Have you been treated for any health condition in the last year? Y / N If yes describe: _____

Other Medical Information: _____

Blood Type: _____ Daily Diet Type:(ie Vegetarian) _____

Detox program?: Y /N describe: _____

Have you ever had Botox injections? Y/ N If yes most recent Date _____ and what sites were

injected _____

Coaching/Wellness Session Contract Terms

Payment via Cash/Check is expected at the time of office visits, or via, paypal.me/glenyseldred prior to scheduled and confirmed distance sessions. Health/Wellness Coaching sessions are 30 minutes each and are available as prepaid discounted 12 session packages if prepaid in cash. The client agrees to pay for additional session time when it is pre-agreed to do an extended session.

CranioSacral, Lymphatic, and Healing/hands-on sessions are 50 minutes each with discount packages available.

Please Note: Cancellations within 24 hours of the scheduled appointment will be billed at the full hourly rate.

As part of this agreement Client, (undersigned) agrees to provide contact information for communication from Glenys Eldred regarding appointments, follow-up information or progress check-ins related to the Health and Wellness sessions and in some cases related wellness products both web based and physically, purchased by client from Glenys Eldred or through, (Glenyseldred.com) and/or third party suppliers. relating to session work and/or Wellness. Client understands that products purchased could include commissions/profit to “Glenys Eldred” related to the product sales.

If at any time Glenys Eldred determines that the client needs additional wellness supports, client understands that he/she may be referred for pertinent professional medical care or if the client is in immediate danger, may be recommended for hospitalization or an emergency medical intervention. Also please note: “Coaching” sessions are strictly Health Coaching and do not include healing, or hands-on modalities in the session. The Coach is responsible to notify the client when the flow of any session goes beyond the Coach’s legal guidelines for scope of practice and will notify the client if there is ever an issue!

The Coaching and healing sessions require a commitment to the Wellness process and is a collaborative effort between Coach and Client, the client agrees to give their “BEST” effort during their Wellness/Healing process as will I, as the Coach!

Happiness!

***Client’s Signature below acknowledges and accepts the above terms for Coaching/Healing Contract, Client/Coach relationship, and authorizing CranioSacral Therapy, physical contact and communication to facilitate the therapy:**

Date: _____

Referred by _____