



Client Information Form

page 1

HEALER COUNSELOR
CERTIFICATION
#1425

| | |
|----------------|--|
| Name | <input type="text"/> |
| Address | <input type="text"/> |
| City | <input type="text"/> |
| State | <input type="text"/> |
| ZIPcode | <input type="text"/> |
| Home. Tel. | <input type="text"/> |
| Cellphone No. | <input type="text"/> |
| Age | <input type="text"/> |
| Date of Birth | <input type="text"/> |
| Sex | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Marital Status | <input type="checkbox"/> Single <input type="checkbox"/> Married |
| Occupation | <input type="text"/> |
| Business Name | <input type="text"/> |
| Work Phone | <input type="text"/> |
| E-mail Address | <input type="text"/> |

In case of Emergency

| | |
|----------------------|----------------------|
| Contact Name | <input type="text"/> |
| Contact Address | <input type="text"/> |
| Contact Phone No. | <input type="text"/> |
| Contact Relationship | <input type="text"/> |

About Yourself

| | |
|---|--|
| Appointment Purpose | <input type="text"/> |
| Other treatment tried | <input type="text"/> |
| Has it helped? | <input type="text"/> |
| Have you been treated for any health condition in the last twelve months? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If so, give details | <input type="text"/> |
| Other medical information | <input type="text"/> |
| Blood Type | <input type="text"/> |
| Diet Type | <input type="text"/> |
| Detox Program | <input type="text"/> |

About Yourself [continued]

Have you ever had Botox injections?

YES

NO

Please give details

Ticking this box acknowledges authorization for CranioSacral Therapy and physical contact to facilitate the therapy

I acknowledge and grant permission for CranioSacral Therapy and physical contact to facilitate the therapy.

Sessions

Bring an open mind and heart.

This is the time and place to allow for the possibility of the extraordinary and the potential for the impossible!

Crowd out the negative with the Positive!

Happiness is a Choice!

For Office Sessions:

Please wear comfortable loose clothing or bring something to change into.

For Skype Sessions:

Payment is expected prior to the scheduled appointment via paypal to glenyswellness@gmail.com

Please make arrangements to be in a private distraction free environment.

Payment

Payment is due at the time of the session by either cash or check -- or may be prepaid via paypal to glenyswellness@gmail.com

Cancellations

Cancellations within 24 hours of the scheduled appointment will be billed at the full hourly rate unless other arrangements have been made.

Referrals

Please enter the name of the person who referred you.

Referral Name: