Arasini
FOUNDATION

Client Information

Date:_____

Name:_____Age:_____Date of Birth:_____

Dallas Address:_____

_____Phone#:_____

Email Address:_____

Permanent Address:_____

_____Phone#:_____

Marital Status:_____Children?_____Age(s) of children?_____

Referred By:_____

What do you hope to gain from your experience at A Healing Place?_____

_____

Symptoms:	How Long?
_____	_____
_____	_____

Diagnosis (if any):_____

Have you had any surgeries?_____If yes, please list:_____

What is your current wellness plan? (include any medications that you are currently taking)_____

_____

_____

_____

Signature:_____

Fee Schedule:	Initial Session	$150.00/hour
	Additional Sessions	$125.00/hour
	Sessions canceled with less than 24 hours notice	$125.00
Payment Terms:	Please have your check ready before your appointment. Payment is due at the time services are rendered.	

Arasini Foundation 2011 N. Collins, Suite 709 Richardson, Texas 75080
Phone 972.437.5332 Fax 972.437.5832 arasini@ahealingplace.org www.ahealingplace.org