

# A Healing Place



## NEW CLIENT INFORMATION SHEET

Today's Date \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Referred by \_\_\_\_\_

### Personal Information

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
City State ZIP Code

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Dallas Address: \_\_\_\_\_  
Local Address & phone # while in Dallas (if applicable)

Marital Status: **S M W D** Ages of Children: \_\_\_\_\_  
Please circle: Single, Married, Widowed or Divorced

Treatment Goal: \_\_\_\_\_  
What do you hope to gain from your experience at A Healing Place?

**In Case of Emergency -** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
**Contact Person:**

### Health Information

Symptom (A): \_\_\_\_\_ How Long? (A): \_\_\_\_\_  
Symptom (B): \_\_\_\_\_ How Long? (B): \_\_\_\_\_  
Symptom (C): \_\_\_\_\_ How Long? (C): \_\_\_\_\_  
Surgeries? \_\_\_\_\_

Current Wellness Plan? \_\_\_\_\_

Current Medications? \_\_\_\_\_

### Fee Schedule & Terms

**\$150** for initial session (1 hrs. - which includes evaluation and energy balancing) Occasionally, first visit requires 2 hrs - \$280.00  
**\$130** for subsequent energy balancing session (1 hr.)

*Payment is due at the time service is rendered. Sessions may be cancelled 24 hours ahead of time or the full fee is due.*

