Fort Collins CommUnity Acupuncture & Massage

149 W. Harvard St., Suite 401, Fort Collins, CO 80526

Energy Healing Intake Form

Name _____Date of Birth _____

Address _____City _____Zip _____

Phone _____ Email _____

Occupation:_____Hobbies:_____

Emergency Contact and Phone _____

Today's Date:_____

Describe briefly your concerns, i.e. what brought you here today? _____

_____

_____

_____

What will you be able to do better when your condition is improved? _____

_____

_____

How will you ***feel*** when your condition is improved? _____

_____

_____

Medications you presently take and for what conditions? _____

_____

Surgeries within the past 5 years? _____

Were you ever hospitalized as a child? _____

Chronic conditions due to accidents or other causes? _____

_____

Unless already stated, do you have any of the following? (*Star* issues that are most consistent, using the back if needed)

__ headache_____
__ smoking habit
__ allergies_____
__ constipation __diarrhea

__ eating issues_____
__ sleep issues _____
__ poor digestion (belching, bloating, pain)
__ sadness, __anger

__ excessive sweating
__ difficulty making decisions
__ tooth or gum problems
__ palpitations

__ trouble hearing
__ fears _____
__ restlessness
__ skeletal system_____
__ cysts_____
__ cancer
__ menstrual issues_____
__ tinnitus, low or high?
__ lack of sexual desire
__ tend to be cold __ tend to be warm__
__ short of breath
__ anxiety
__ incontinence
__ back pain_____
__ joint stiffness
__ excessive fatigue or listless
__ infertility
__ OTHER_____

Informed Consent

I declare that the information I have provided is correct to the best of my knowledge.

I understand that information submitted to Fort Collins Community Acupuncture (FCCA) is held in strict confidence and will not be released without my written consent.

I understand that the representatives of FCCA do not claim or imply that services, advice, suggestions either in person, through email or telephone will cure or prevent any disease or condition.

I acknowledge that the representatives of FCCA recommends that I remain on any and all prescriptions that I may be taking at present and continue with current medical care.

I further declare that my healthcare is my responsibility and that FCCA is not accountable for any consequences of my decisions regarding my healthcare.

I understand, acknowledge, and voluntarily accept the risk associated with energy healing services, use of your facilities, and I hereby release you (including our affiliates, agents, and employees) from liability for any injury or claim (including, without limitation, personal, bodily, or mental injury, property damage or economic loss), which may result from your energy healing session, my failure to disclose any pre-existing condition, limitation or sensitivity, or my failure to inform my therapist of discomfort during my session.

Our therapists agree to adhere to a strict code of conduct designed to provide a safe, professional, and therapeutic environment for our patients and staff. In a professional relationship sexual intimacy is never appropriate and should be reported to the Director of the Division of Registration in the Department of Regulatory Agencies. If you have concerns about your experience, please bring it to the attention of management immediately. If you feel uncomfortable for any reason, ask your therapist to end the session. **Payment and**

Appointment Policies

I understand that I am responsible to pay for my scheduled appointment in full with cash, check or approved credit card on the date such service is rendered. Returned checks will be charged a $20.00 service fee. **If I miss an appointment without giving at least 24 hour notification, I understand I will be billed the full session rate** (whether that appointment is prepaid or paid hourly), unless: 1. The appointment can be filled by another client, in this case your payment will be pro-rated to your next appointment or, 2. There is an approved emergency as determined on a case- by-case basis.

I have read, understood, and agree to the terms as stated by FCCA.

Signature _____ Date _____ If client is under 18 years old, parent or legal guardian must sign.