

# CONFIDENTIAL HEALTH HISTORY

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

WORK # \_\_\_\_\_

\_\_\_\_\_

HOME # \_\_\_\_\_

\_\_\_\_\_

CELL # \_\_\_\_\_

EMAIL: \_\_\_\_\_

AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

EMERGENCY CONTACT: NAME \_\_\_\_\_

PHONE \_\_\_\_\_

OCCUPATION \_\_\_\_\_

ACTIVITIES \_\_\_\_\_

\_\_\_\_\_

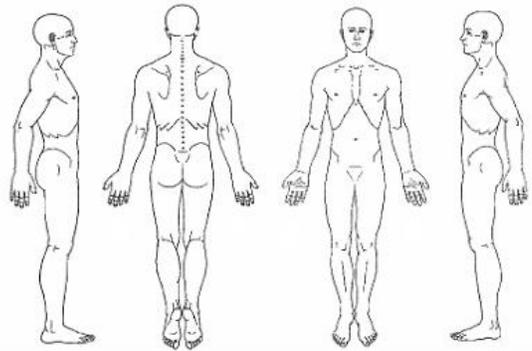
REFERRED BY: \_\_\_\_\_

DATE OF INJURY \_\_\_\_\_

REASON FOR TREATMENT:

PROBLEM AREAS: PLEASE MARK AREAS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



WHAT TREATMENT HAVE YOU HAD FOR THIS?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL HISTORY / SURGERIES / ACCIDENTS**

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**LIST MEDICATIONS, OTC'S & SUPPLEMENTS**

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**GOALS FOR TREATMENT:**

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**PAYMENT & CANCELLATION POLICY**

Cancellations are required 24 hours prior to your appointment. Please remember there will be a FULL FEE charged for late cancellations and missed appointments. Payment for treatment is due at time of service.

Initials: \_\_\_\_\_

**CONSENT FOR TREATMENT:**

I agree and give consent to the Manual Therapy treatment given me to me by Jacqueline Faulkner, Ms.T

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Client Agreement

- Please do not arrive more than 5 minutes before your scheduled appointment time. This will eliminate any disruptions to someone else's appointment.
- Be sure that your cell phone is turned off when you come for your session.
- Cash or check is accepted for payment. If paying by check, please have it made out in advance of your session. This will allow time at the end for you to book all future appointments.
- Dress in comfortable clothing. Lightweight, loose fitting pants and collarless shirts, (T-shirts) are best. This would include gym and yoga type clothing. **No jeans please**, as the seams are too thick and uncomfortable to work on, both for you and for me.
- I understand that questions can arise between sessions. I am more than happy to answer your questions so please feel free to call me. I will return your call as soon as I am able. Please leave me times that are best for reaching you. You can also email me at: [lighttouch@baymoon.com](mailto:lighttouch@baymoon.com)
- Phone consultations fees are as follows:
  - The first 10 minutes are free of charge.
  - After the first 10 minutes, phone consultation rate is: \$1.00 per minute with a \$30.00 minimum.
- To maintain a hypoallergenic environment, please refrain from wearing perfume or fragranced body and/or hair products prior to you appointment.
- I realize that from time to time one might forget their check book. Most people do get there payment to me in no more than a day or two. However, if I have not received payment within 5 days, there will be a \$15.00 service charge for late payment.

**I have read the above and agree to abide by this agreement.**

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_