

Linda C Banks MHPE, RD, CHT

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Please print out this form, complete it, and bring it with you to your appointment.

Personal Information

Name:			
Address:			
Phone & Email:		Email:	
Date of Birth:		Referred by:	
Emergency Contact		Phone:	
What is the main reason for this appointment?			

Current Medical Condition/Treatment/Diagnosis

Are you currently under the care of a physician or other health care provider?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please indicate the reason:				

Initial Appointment: The first 45 minutes are usually spent exploring and clarifying what results you would like to see for yourself. We will then decide where to begin and the number of sessions it may take to get those results. Please do your best to address the questions posed in this form and bring it with you.

Payment: Payment is expected at the time of service. **Checks and cash are accepted.**

Cancellations: It is important for you, the client, to recognize that when you make an appointment, I am reserving that time for just for you. If you are late, that cuts down on your time. If you miss an appointment, please understand that this is time that could have been reserved for another client. Therefore, it is necessary for me to charge for appointments where I have not been given 24-hour cancellation notice. If you do need to cancel, I appreciate as much notice as possible so that someone else who may be waiting for a cancellation can arrange to come in.

Your signature

Date