Gentle Pathways ~ Council Rock Greens ~ 2280 East Ave, Suite 4 ~ Rochester, NY 14610
(585) 209-9109 ~ info@gentle-pathways.com

PHOTON SOUND BEAM THERAPY INTAKE FORM

Please complete the following questions carefully.

How Did You Learn About Our Services?

Personal Referral ___ Doctor/Practitioner ___ Print Ad ___ Internet ___ Facebook ____ Other ___

Who May We Thank for the Referral?: _____

Name: _____ M [ ] F [ ] Birth date ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Employer: _____

Height: _____ Weight: _____ Marital Status: S [ ] M [ ] D [ ] W [ ] # children: _____

Home # ( ) _____ Work # ( ) _____ Cell # ( ) _____

Email address: _____ May we contact you at this address? Y N

Emergency Contact: _____ Phone: _____

1. Are you now under a doctor's care? _____ If so, please explain:_____

_____

2. Doctor's name_____ Phone: _____

3. Top health concerns: _____

_____

4. List all medications & supplements you now take regularly (including over the counter) _____

_____

_____

5. Do you have a pace maker, a heart condition or are sensitive to detoxification therapies? If so, please indicate: _____

6. How much water do you drink per day? _____ (Source: tap, bottled, filtered, boiled)

7. Exercise: What kind of exercise do you do? _____

   How often? _____ Duration? _____

8. Energy: Please rate your normal energy level on a scale from 1-10:
   (10 = "optimal energy " - 1 = "can't get out of bed") _____

9. Pain: Please list any specific areas/types of pain (ex: joint/muscular/abdominal): _____

_____

10. What do you hope to achieve from this Photon Sound Beam Therapy appointment? _____

_____

Signature: _____ Date: _____

FINANCIAL & CANCELLATION POLICY AND RELEASE STATEMENT

Mini-Session ~ $40 (30-40 mins) Full-Session ~ $65 (60-70 mins)

Series of 3 Mini-Sessions (pre-paid) ~ $105 Series of 3 Full-Sessions (pre-paid) ~ $180

Missed Appointments ~ (Mini-Sessions - $20, Full Sessions - $30)

Returned Check Fee ~ $25

All payments are due at the time of visit. Preferred method of payment is cash or checks. For your convenience we do accept Visa, MC and Discover. The above prices are subject to change. There may be times when promotional prices are offered.

Cancellation Policy: If you don't show up for your appointment or if less than 24 hours notice is given to change or cancel an appointment, you will be charged a fee up to $30 for the missed appointment or you will forfeit a prepaid session. (Special circumstances are considered on a case by case basis).

I acknowledge that Gentle Pathways, and any staff members are not medical doctors. I understand that Annette Barber may provide nutritional and other health related information to help me attain and maintain my best health. All suggestions are designed to help me move towards my best state of health through personalized recommendations in lifestyle, exercise, health habits and advanced nutrition. I understand that Annette Barber does NOT diagnose, treat or claim to cure any illness or disease.

I am here on this day and any subsequent visit by my choice and solely on my own behalf. I hereby release and discharge Annette Barber, Gentle Pathways from any and all claims which I or my agents ever had, now have or may have relating to or arising out of services provided or recommendations that I have received. I acknowledge that it is my responsibility to consult with my physician or other health care providers relating to any disease or condition that I may have.

I give permission to share my health information with other practitioners and health care professionals who are also providing services for my care. (Your Initials: _____)

I have read this informed consent and understand it. I am not a minor (under the age of 18). I understand the above Financial & Cancellation Policy and will abide by these charges. I am signing this release voluntarily.

_____ _____

Client Name (Signature) Date

_____

Client Name (Printed)