



INSPIRED.RELEASE

32 Hartford St ~B Boston MA

Experience the ~ Flow ~Adventure ~ Freedom ~ Sustenance of Living Well

Important Information At A Glance

Identifying Information

Name: _____

Nickname: _____

Address: _____

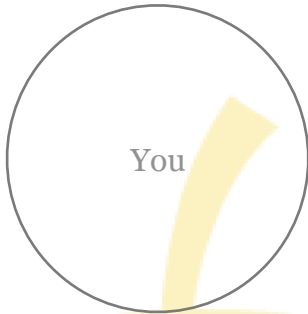
Phone Number: _____ Phone Type: _____

Birthdate: mm/dd/yyyy Age: _____ Email: _____

Facebook: _____ Linked-In: _____ Twitter: _____

How'd you hear about Inspired Release: _____

Briefly share what you hope to gain from our session(s):



Current Supports

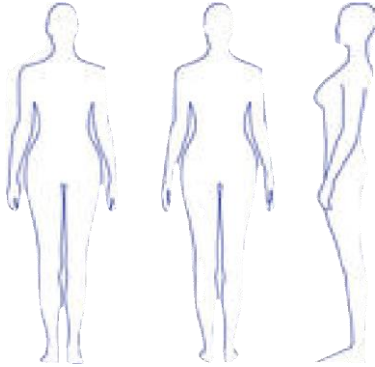
Involved Agencies/Counselors (please include contact info:)

*Other Significant Relationships (* = emergency contact)*

Name	Relationship	Age	Time Known	Contact

Special Care

Each session is tailored to meet your needs. Mark on the figure(s) below the area(s) you are currently nursing. List any medications with doses currently prescribed. Please also list any recent (5 years) surgeries, pregnancies, and accidents. Use the back of this document if necessary.



Payment

Payment is due at the time of your scheduled session, unless otherwise noted. Any insurance co-pays or deductibles are due at the time of the session. Payment can be made in cash, check, or through insurance. Unfortunately, we cannot provide services until payment arrangement is clear. *By initialing you acknowledge you understand you are fully responsible for all fees if insurance or other vendor does not pay for any reason.*

- Pay by cash
- Pay by check
- Pay by insurance
- Pay by Other _____

I verify all the above information as true to the best of my ability and agree to keep said information current to the best of my ability during my participation in Inspired Release offerings.

Participant: _____

Inspired Release: _____

Date: mm/dd/yyyy

Date: mm/dd/yyyy