Visit Update Form

Patient Name: _____ DOB: _____Today's Date: _____

I understand and agree to the current financial policies of the clinic. I agree to pay all charges that are a result of this visit. _____
Initial & Date

I understand that payment for this visit and any additional charges that result are due today. _____
Initial & Date

I have active valid insurance. Please provide a superbill with codes so that I can submit the bill and receipt to insurance. _____
Initial & Date

The health concerns that I would like to address at this visit (please list up to 3 in order of importance):

1. _____
2. _____
3. _____

The following are a list of all Medications and Supplements that I am currently taking, including items that have been prescribed or recommended by the doctors of Tranquil Healing Center, PS Please include doses.

Medications:

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

Supplements:

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

Please list any new health history or family history that has occurred since your last visit : _____
_____
_____

I Authorize the Use of the Following Treatments: (please check all that apply or check "agree to all")

- ☐ Nutritional Changes
- ☐ Supplements
- ☐ Homeopathy
- ☐ Injections *
- ☐ IV therapy*
- ☐ Ozone Therapy*
- ☐ Pharmaceuticals (traditional)
- ☐ Pharmaceuticals (compounded)
- ☐ Physical Medicine
- ☐ Counseling/ Mental Health Therapies
- ☐ Applied Kinesiology/ Muscle / Energy Testing
- ☐ Other Energy Medicine Therapies
- ☐ Electrical Stimulation *
- ☐ Nebulization*
- ☐ Agree to ALL

* *additional informed consent may be required*

To the best of my knowledge the above information is correct and true and by signing below I agree to be treated by the Tranquil Healing Center PS, it's practitioners, and employees. I do not hold the Tranquil Healing Center, PS liable for any injury or harm that are a result of treatments sustained during my visit or performed by me based on the recommendation of the Tranquil Healing Center,PS, it's practitioners, and employees.

Signed: _____ Date: _____