The Healing Being

806 Highway 71

Spring Lake, NJ 07762

732-908-6533

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Of Birth: \_\_\_\_\_\_\_\_\_\_\_\_

Date of initial visit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary complaint:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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When did your symptoms start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Otherconcerns/pain:

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Please list ALL surgeries including dental work and **approximate dates** (Yes, in your entire life.) Please include if you have ***mesh*** in your body. Scars are of importance!

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Please list any accidents, traumas (emotional ones too,) broken bones, etc.

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Please list all conditions/symptoms that you may be experiencing (high blood pressure/ neuropathy/headaches/diabetes/etc.)

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Please list medications and reason for taking

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Are you pregnant or is there a possibility you may be? Y / N

If Yes, how many weeks? \_\_\_\_\_\_\_

Have you given birth? Y / N

Please describe if yes (natural/cesarean section/tear/episiotomy/epidural) and any trauma connected with that

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Any other thoughts or concerns\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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By signing this form, I verify that all information that I have provided is correct and current to the best of my knowledge. I will inform my therapist of any updates in regard to changes in my health.

The Healing Being has a 24 hour cancellation policy. If I do not give at least a 24 hour notice of cancellation or rescheduling of my appointment, I agree to pay the full amount of treatment. In addition, I am responsible for the full payment regardless if I am late or I need to shorten the length of my scheduled appointment time due to my own schedule changes.

We are very *human* here at The Healing Being so we do understand there are *exceptions* to our cancellation policy. Illness/and or medical emergencies are valid exceptions.

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_