

Catherine Henderson
New Client Intake Worksheet
Vashon

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Phone:(Home) _____ (Work) _____ (Cell) _____

Age ____ Date of Birth ____/____/____ Email _____

Referred by: _____

Patient's condition _____

Duration of Problem _____

Doctor _____ Doctor's Telephone _____

No. in household _____ Occupation _____

For Child Only: Parent or guardian _____

Occupation Parent 1: _____ *Parent 2:* _____

Emergency Contact (name & phone)

VASHON FEES

- **New clients:** Initial visit \$205 Child under 14 \$130
 - **Follow-ups:** Adult \$145, Child under 14 \$90
- (\$5 discount on follow-ups with cash or check)

OFFICE POLICIES

- 24-hours or one business day cancellation notice so **Monday appointments to be canceled on Friday.**
- For “no-shows” and late cancellations, you are charged the treatment fee
- We do not take any insurance.
- Payment is required at the time of your visit. We accept cash, check credit or Paypal.

I have read and agree to honor all office policies.

Signed _____ Date _____