

Catherine Henderson
New Client Intake Worksheet
Vashon, WA

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:* _____

Siblings _____

Emergency Contact (name & phone)

Fees:

- **New clients:** Long initial visit \$200 , regular second visit \$120 **OR**
 - Short initial visit \$120 (includes treatment) , long second visit \$160-\$200
 - depending on complexity
 - New Child under 14 - \$120
 - **Follow-ups:** Adult - \$120, Child under 14 - \$80
- (\$5 discount on follow-ups with cash or check)

Office Policies:

- 24-hours (1 business day) cancellation notice
- For “no-shows” and late cancellations, you are charged half of treatment fee
- We do not take any insurance.
- Payment is required at the time of your visit. We accept cash, check or credit

I have read and agree to honor all office policies.

Signed _____ Date _____