

**Catherine Henderson**  
New Client Intake Worksheet  
Vashon/Seattle 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:* \_\_\_\_\_

**Emergency Contact (name & phone)**

**Fees: Vashon**

- **New clients:** Long initial visit \$200 , 2nd visit \$120; New Child under 14 \$120
- **Follow-ups:** Adult - \$120, Child under 14 - \$80  
(\$5 discount on follow-ups with cash or check) Sliding Scale available

**Fees: West Seattle**

- **New clients:** Long initial visit \$210, second visit \$130; New Child under 14 \$130
- **Follow ups:** Adult \$130, Child under 14 \$90  
(\$5 discount on follow ups with cash-check) Sliding scale available.

**Office Policies:**

- 24-hours ( 1 business day) cancellation notice Mon appointments to be canceled on Friday.
- 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, checks, or credit

I have read and agree to honor all office policies.

Signed \_\_\_\_\_ Date \_\_\_\_\_