

QUESTIONNAIRE (cont'd)		Yes	No
4. What medical procedures have you had? (list each procedure and its date)			
5. Is there a possibility that you are pregnant?		<input type="checkbox"/>	<input type="checkbox"/>
6. Are you HIV positive or do you have Hepatitis in any form? If yes, please specify:		<input type="checkbox"/>	<input type="checkbox"/>
7. Have you or are you experiencing symptoms in the following areas: please describe			
a) Respiration: breathing, cough, asthma, smoking?		<input type="checkbox"/>	<input type="checkbox"/>
b) Digestion: gas, belching, reflux?		<input type="checkbox"/>	<input type="checkbox"/>
c) Elimination: constipation, diarrhea?		<input type="checkbox"/>	<input type="checkbox"/>
d) Musculo-Skeletal: bone, joint, or muscular weakness/pain?		<input type="checkbox"/>	<input type="checkbox"/>
e) Nervous: visual, auditory, poor coordination or balance?		<input type="checkbox"/>	<input type="checkbox"/>
f) Circulatory: high blood pressure, heart problems?		<input type="checkbox"/>	<input type="checkbox"/>
g) Emotional: instability, schizophrenia, compulsive behavior, addiction?		<input type="checkbox"/>	<input type="checkbox"/>
h) Genito-urinary: menstrual, menopause, andropause, venereal disease, UTI?		<input type="checkbox"/>	<input type="checkbox"/>
8. Please list any allergies.			
Client Policies			
<ul style="list-style-type: none"> • Please be ready to begin each session at your scheduled appointment time. If you do arrive late, the session will not be extended. If you fail to show, you will be responsible for payment of the session. • Standard sessions after initial consultation range from 45-60 minutes in length unless other arrangements are made. • 24 hour notice of cancellation is required should you wish to cancel a session. Failure to give required notice will result in a charge for the session. 			
I have read, understood, and agree to honor the above policies.			
Printed Name:		Dated:	
Signature:			

Additional Info: