

Paige Continentino, CPC, EEM-CLP
(347) 724-2254

CLIENT INFORMATION (please print clearly)

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE (HOME) _____ (WORK) _____ (CELL) _____

EMAIL ADDRESS _____ BIRTH DATE _____

OCCUPATION _____ HOW REFERRED _____

EMERGENCY CONTACT (name and phone numbers)

PHYSICIAN'S NAME _____

HOBBIES, INTERESTS _____

PHYSICAL PROBLEMS	_____	WHEN DIAGNOSED	_____
	_____		_____
	_____		_____

SURGERIES _____

Do you have a Pacemaker? _____ Do you have Metal Plates or Screws in the body? _____
Do you have Diabetes? _____ Are you pregnant? _____

MEDICATIONS	_____	Condition	_____
	_____		_____
	_____		_____

REASON FOR COMING _____

HOW LONG HAS THIS BEEN A PROBLEM? _____

WHAT OTHER TREATMENTS HAVE YOU TRIED? _____

RATE FROM 1=10, HOW COMMITTED ARE YOU TO RESOLVING THE PROBLEM? _____

SOURCES OF RELAXATION (IF DIFFERENT FROM HOBBIES) _____

I prefer __ Coaching __ Energy Medicine __ Energy Psychology __ Mindfulness __ whatever Paige Continentino deems most appropriate

A 24 hour cancellation notice is required. When you make an appointment, I am reserving that time for you. If you are late, that cuts down on your session time. If you fail to show up for a session, that is time that could have been scheduled by another client. I charge the full session fee for a no show unless you are not well. If you have a fever or are coughing and sneezing, I prefer that you reschedule your appointment. Please have payment ready at the start of the session. I accept cash or check, no credit cards. I understand and agree that if I fail to comply with the cancellation policy, I will pay for the appointment. I understand the success of this work depends on my willingness to participate in the process and do my homework between sessions. The number of sessions needed depends on the depth of the underlying issues.

CLIENT SIGNATURE

DATE