Paige Apgar, CPC, EEM-AP (347) 724-2254

CLIENT INFORMATION (please print clearly)

NAME			
ADDRESS			
CITY/STATE/ZIP _			
PHONE (HOME)	(WORK)		(CELL)
EMAIL ADDRESS	AIL ADDRESS BIRTH DATE		
OCCUPATION		HOW REFERRED	
EMERGENCY COM	NTACT (name and phone numbers)		
PHYSICIAN'S NAM	1E		
HOBBIES, INTERE	STS		
PHYSICAL PROBLEMS			D
SURGERIES _			
Do you have Diab	cemaker? Do you have etes? Are you preg	nant? condition	
REASON FOR CO	MING		
HOW LONG HAS	THIS BEEN A PROBLEM?		
WHAT OTHER TRI	EATMENTS HAVE YOU TRIED?		
RATE FROM 1=10, HOW COMMITTED ARE YOU TO RESOLVING THE PROBLEM?			
SOURCES OF RELA	XATION (IF DIFFERENT FROM HOBBI	ES)	
I prefer Coaching most appropriate	Energy MedicineEnergy Psyc	hology Mindfulness	whatever Paige Continentino deems
are late, that cuts d scheduled by anoth If you have a fever	ion notice is required. When you ma own on your session time. If you fail er client. I charge the full session fe or are coughing and sneezing, I prefe ne start of the session. I accept cash	to show up for a session e for a no show unless your er that you reschedule you	i, that is time that could have been ou are not well. Our appointment. Please have
the success of this	gree that if I fail to comply with the ca work depends on my willingness to p ber of sessions needed depends on	articipate in the process	and do my homework between
CLI	ENT SIGNATURE		DATE