



CLIENT PERSONAL INFORMATION

Date
Name
Partner/Spouse name
Address
City State Zip
Phone Home: Work: Cell:
Email
Birth date Time Location Age
Single Engaged Married Separated Divorced Widowed Other

HOLLY BERKLEY
CNLP, COT, CBP

How did you hear about me?
Is a family member or relative a client at Find Your Way? Yes No
If yes, name

Family

QUANTUM ENERGY
PSYCHOLOGY
ENERGY MEDICINE
CRANIOSACRAL
THERAPY

Do you have any children (names, ages)?
Are your parents living? Father: Yes No Mother: Yes No
If no, from what illnesses or circumstances
Siblings (names, ages)?
Pets (what kind)?

If appointment is for a child

Child's Name
Address (if different)
City State Zip
Birth date Time Location Age
School

Account information

Name of person responsible for this account
Occupation
Social Security Number
Employer
Business Phone

Person to Contact in Case of Emergency

Name
Relationship
Phone number

1083 VINE ST.
SU. 147 (MAIL)
332 1ST ST. (STUDIO)
HEALDSBURG, CA
95448
707-433-4466
FINDYRWAY.COM



OFFICE POLICIES

Please keep this copy for your reference.

Welcome

I appreciate the opportunity to assist you, and welcome you to my practice. Each session makes use of all of my skills in a customized blend for your needs. My aim is to serve you well, and the studio and facilities are chosen to offer you quality service in comfortable surroundings.

As you prepare for your session, please take note:

For phone sessions

- Make sure you are in a quiet place where you will not be disturbed for the length of the session. Phone ringer off, dogs, kids or office-mates away, door closed.

For in-person sessions

- Dress in loose, comfortable clothing, e.g. yoga clothes or the equivalent. If you anticipate we will be doing table work, **no jeans, skirts or shirts with collars or hoods.**
- Many clients are chemically-sensitive. Please refrain from personal care fragrances of any sort.

For all sessions

- Eat lightly in the hour or two before the session; no big meals just prior.
- If possible, plan for some down-time following the session, to support the integration of the shifts that have occurred.

Studio Hours & Location

Current office hours are by appointment, 8:00 AM to 5:00 PM, Tuesday through Friday. Sessions are 55 minutes in length, unless other arrangements are made.

The studio is located in the cottage at the end of the driveway, not the main house. As there is no waiting room, please **enter the studio at your session time** and not before. A green "Welcome" sign in the window indicates you may enter. A red "In Session" sign indicates please wait until I am free. Parking is on First St. only; please do not park in the driveway.

Cancelleds/lateness/no-shows

My time is valuable and so is yours. If you're late for your appointment, you lose that time. **If you don't show, or cancel with less than 48 hours notice, you'll still be charged in full.** ("Emergencies" are determined at my discretion.) In turn, I promise to honor our appointments, and be on time as well.

Phone Calls

There is no charge for brief phone calls requesting clarification of ongoing therapy. Extended conversations will be charged at a pro-rated fee based on my hourly fee. It is always best to discuss your treatment and/or raise new concerns during the session time.

Payment

As a client of my practice, you are responsible for payment of all charges incurred while under treatment. Payment of consultation services and treatment is due at the time of each visit. I accept cash, checks and credit cards. Please note: I do not bill to insurance companies, however I will provide monthly or annual statements of services rendered upon request.

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Agreement *Office Policies and Consent for Treatment*

I understand and agree to the above Office Policies and will abide by the terms. I realize that the services offered by Holly Berkley are still considered investigative procedures in the United States. I am aware of both the potential benefits and risks of these treatments and give my consent for treatment. I also affirm that I have stated all my known medical conditions and have answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I forget to do so.

Client's Signature Date

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