Seattle Holistic Healing
Monica Legatt EAMP

Health History Questionnaire

Late Cancellation/No-show Policy: **48 hours notice** of cancellation is required or you will be charged for your appointment. Please sign below indicating that you understand and agree to this policy:

Signature: _____

Name:	Date of Birth:
Address: _____ City:_____State:_____Zip Code:_____	Sex:__M_____F_____ Height:_____ Weight:_____
E-Mail Address: _____	Cell Phone: ( )_____ Home Phone: ( )_____ Work Phone: ( )_____
Employer: _____ Occupation: _____	Emergency Contact: Name:_____ Phone: ( )_____

Consent for Medical Treatment:
I hereby consent to the performance of procedures which are within the scope of the practice of East Asian medicine including, but not limited to, reiki, energy healing, acupuncture, moxa, electroacupuncture, herbology, nutrition, & various modes of physiotherapy, on me (or on the patient named above, for whom I am legally responsible) by the practitioner Monica Legatt. If I suspect I am pregnant, I will inform the practitioner. If I experience any gastro-intestinal upset or allergic reactions to the herbs, I will inform the practitioner.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above-named procedures. I intent this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Signature: _____

What is/are the main problem(s) you would like us to help you with?

_____

_____

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