

The Stress Shop
Client Contact Information

Name: _____ Date of Birth: m _____ d _____ y _____
Address: _____ Male Female
City: _____ Postal Code: _____
Phone Number: Home _____ Work _____ Cell _____
Email Address: _____

How would you like us to confirm your appointments: Home Phone Work Phone Cell
 Email No need to confirm

Did someone refer you to The Stress Shop? No Yes, who? _____

Were you referred to a specific therapist? No Yes, who? _____

Insurance Co. Name: _____

Policy Number: _____ **ID Number:** _____

Does your employer allow assignment of benefits? Yes ___ No ___

*(Please provide **benefit card and PHOTO ID** to receptionist or therapist-it will be photocopied and returned to you)*

If you were not referred, how did you hear about us?

- Yellow Pages Website
- Received a Gift Certificate
- Other _____

Client Responsibility Agreement

1. All new clients are requested to arrive 10 minutes ahead of their appointment time. Repeat clients are asked to arrive 5 minutes early. Out of respect for the clinic, the therapist and the next client, clients arriving late will have their sessions shortened so that the treatment will end at scheduled time. Full session fees apply.
2. Sufficient notice (24 hours) is required for cancellations. Clients who do not show for a session, or who do not provide sufficient notice will be charged for the session. A client with an outstanding balance for a missed session will not be rebooked until their account is paid.
3. Evening and weekend appointment times are highly sought-after and late cancellations or missed appointments cause a loss for the clinic, the therapist and potential clients. A credit card number may be required to confirm appointment times for individuals who repeatedly cancel late or miss appointments.
4. The outcomes from therapy will vary, and often depends on the client's state of mind, body, and spirit at the time of treatment. The fee charged pays for the clinic services and the therapist's time and thus is not refundable.
- 5. I authorize The Stress Shop to bill my insurance company directly for services rendered and hereby authorize payment directly to The Stress Shop. I acknowledge that I am responsible for any portion of the fee not paid by my insurance company.**
- 6. I authorize The Stress Shop to retain a copy of photo ID as proof of my ID.**

Client Signature: _____ **Date:** _____