

Dr. Laura Hershey

**Emotional Freedom
First Visit Information Sheet
619-222-5299**

General Information

Date _____
Email Address _____
Work Phone _____
Home Phone _____
Name _____
Address _____
City/State _____ Zip _____
Age _____ Birthdate _____ Occupation _____
Employer _____
Referred By _____
Major Complaint _____
Other Complaints _____
If you are taking any medications, please list _____

Surgical History

Circle those that apply: Appendix, Tonsils, Hernia, Hemorrhoid, Spinal,
Hysterectomy, Prostate, Cancer

List Others _____
List: Fractures, Dislocations, Concussions (past and present) _____

List: Previous Accidents, Injuries and Major Illnesses _____

As a courtesy and with respect for you, we set aside a specific day and time for your appointment. In the event that you cannot keep your appointment with us, please notify us 24hours beforehand. Failure to notify us will result in a charge for the missed appointment.

I understand that the care provided by Dr. Laura Hershey is on a cash or check basis, and that I will be provided with a receipt for services and payment, which may be sent to my insurance company by me for appropriate reimbursement.

Patient's
Signature _____ Date _____
Guardian's Signature Authorizing Care for a Minor: _____

Fee Schedule

First Session - \$130.00 Usually 90 minutes
All other treatments - \$65.00 Normally 60 minutes

Extra time will be charged accordingly

Directions: Please check (X) all items that apply to you.

Fear of public speaking

Fear of high places

Fear of spiders

Fear of snakes

Fear of Mice

Fear of flying in an airplane

Fear of driving in a car

Fear of closed spaces

Discomfort with a situation not listed _____

_____ One specific event from which I would like to remove the emotional charge today is: _____
