

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

Price of EFT sessions is \$130.00. Sessions last approximately 90 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: _____

_____.