

*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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.