

Connective Therapy Intake Form

Name	
Date of Birth	
Address	
Cell Phone	
Alternate #	
Email	

How did you hear about Connective Therapy?

Are you open to receiving information about Connective Therapy workshops, classes, events, and self-treatment information? _____ (This info would come only from me, and I will not give out your contact info to anyone. You can choose at anytime to no longer receive emails or mailers simply by sending an email stating "Please take me off your list" in the subject line.)

The cost for Connective Therapy sessions is \$150 per hour, and a full day intensive is \$825 as of August 1, 2022 and continuing until otherwise notified. Payment is to be made at the end of each session by cash, check, or credit card (Visa, MasterCard, or Discover). Signing on the third page confirms agreement of these terms, as well as the cancellation policy. Chad does not file insurance claims, though he is willing to give you a briefly itemized receipt if you want to attempt to file for reimbursement on your own.

Cancellation Policy

There is no charge if you cancel prior to 24 hours of your scheduled appointment. No call no show appointments will result in the full charge of the scheduled appointment. Phone call cancellation with less than 24 hours notice will be half the price of your scheduled appointment. Returned check fees must be reimbursed immediately upon notification.

Your story

Please know that I respect your right to withhold any of the following information, and I will only use it to help you with the issues you came to me for. More specifically, this form, along with anything shared during a treatment, is confidential.

The more you are willing to be honest and open, the more effective your time with me will be. If you are a parent or guardian filling this out for your child, use your best judgment.

What type of work do you do?

How do you feel about your work or school?

Are you on any medications? If so, what are they? What are they for? And how long have you been on them?

Have you had any surgeries? If so, what were they, and when did you have them?

If female, have you given birth or are you pregnant? If so, how long ago, and how many did you have?

Have you experienced bodywork before? If so, what was it like?

Have you done any counseling? If so, what was it like?

Do you drink alcohol or take any narcotics? If so, what, how often, and how much?

Have you any bad experiences with therapists or health care workers? If so, please explain.

How long has that been an issue?

What are your major physical complaints?

How long have they been there?

What do you attribute them to?

What do you like most about your body?

What are your major relationship complaints?

How long have they been there?

What do you attribute them to?

What do you like best about your relationship(s)?

Are you living your full potential?

If not, what would that look like?

What is the main reason you came to me?

How do you see my role in serving you?

Please list any health concerns I should be aware of not yet stated.

My commitments

Upon your agreement to receive my facilitation services, I, Chad A. Wright, commit to being present with you and supportive of you to the best of my ability. I will view you and all your issues non-judgmentally and with love. I will be on time to your appointments with me or will hold myself accountable by offering you either a discount or longer session time.

Your commitments

Are you willing to learn whatever you need to learn about the issues you have come to me about in order to transform those issues? _____

Are you willing to let me help you with that learning? _____

Chad reserves the right to end a session at his discretion for behavior he considers a violation of his personal and professional boundaries.

Signature	
	<i>Adult 18 or older, or Parent/Guardian</i>
Date	