



NEW CLIENT INTAKE FORM

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ (HOME) _____ (MOBILE) _____ (WORK)

EMAIL ADDRESS _____ BIRTH DATE _____ AGE _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

PHONE _____ (HOME) _____ (MOBILE) _____ (WORK)

What, if any, are your current health concerns or health challenges?

Do you have any medical conditions that you would like us to be aware of prior to your visit?

Are you currently taking any medications, supplements, or other substances? If so, please list (or supply on separate sheet):

List any known drug, plant, or environmental allergies.

Julie Smith Taylor, PhD, RN, WHNP-BC
5725 Oleander Drive, Suite E-5, Wilmington, NC 28403
julie@herbalhealthandhealingarts.com
910-231-7800

HERBAL HEALTH AND HEALING ARTS PAYMENT AND CANCELLATION POLICIES

Thank you for taking the first step to optimizing your health and well-being. I understand that there are many options out there for healthcare services and I am truly honored that you have chosen Herbal Health and Healing Arts. To provide the best care possible for all of my clients, I want to make sure that you understand and agree to the following:

1. If this is your first appointment, please bring email your **completed** New Client Intake Form and all assessment forms that were emailed to you or bring it with you to your first appointment.
2. Services provided by Herbal Health and Healing are not covered under most health insurance policies, therefore, payment can be made in the form of cash, check, or credit card.
3. Payment is expected at the time services are provided.
4. Appointment times scheduled for you are held specifically for you. Herbal Health and Healing Arts reserves the right to charge the full service fee for any "No Show" appointment and appointments cancelled with less than 24 hours' notice of the scheduled appointment time. The fee will need to be paid in full before another appointment will be scheduled.
5. Please arrive on time for your scheduled appointment. If you arrive late for your scheduled appointment, it may not be possible to complete all scheduled services during that appointment.
6. While every effort will be made for your appointment to start on time, occasionally circumstances will force a delay. Please be patient if this were to happen and know that it is not intentional but I can assure you that you will receive the same level of attention as the client before you who might have needed a few extra minutes that day. I appreciate your patience if this were to happen.
7. Tipping is not permitted for any services offered by Herbal Health and Healing Arts.

By signing this agreement, you are giving consent for Julie Smith Taylor, PhD, RN, WHNP-BC to provide healthcare services (including Science of Energy Flow® Foot Reflexology) to you and acknowledge that you have read and understand the payment and cancellation policies as well as the Herbal Health and Healing Arts HIPPA information.

Signature _____

Date _____

If you were referred to Herbal Health and Healing Arts, would you give me their name so that I might thank them for the referral? _____

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