

LIGHT OF SPIRIT HEALING
Dr. Zella Keath, MSOM, Lac, Diplomate
Acupuncture and Herbal Medicine

Today's Date _____

Name _____ **Age** _____

Mailing Address _____

Place of Birth _____ **Phone Number** _____

Astrological Birth Sign _____ **Blood Type** _____

Phone Number Cell _____ **Fax Number** _____

E-MailAddress _____ **Emergency Contact Info.** _____

Is this a Worker's Comp or Insurance Case? _____ **Is this work related?** _____

By whom were you referred to this office? _____

What is the purpose of your contacting Dr. Keath?

List all prescription medications that you are currently taking and the purpose for which they were prescribed:

List any major physical and/or psychological traumas you have experienced and your age at that time:

List any surgeries that you have had and your age at that time:

List any serious diagnosis in your present and past history:

Give a brief history of your alcohol, recreational substances (confidentiality is assured) and tobacco, use including exposure to second hand smoke:

Describe your current exercise routine:

What is your current and past occupation? Were you exposed to environmental toxins?

What type of water do you drink? _____ and How much water do you drink on an average day?

_____ ounces.

What is your past and present history of drinking “soda”?

What is your past and present history of consuming artificial sweeteners (Aspartame, Nutrasweet):

How often do you eat at “fast food” establishments such as McDonalds, Wendy’s etc.?

How would you rate your current psychological stress level?

What is your genetic background?

What is your history of mercury amalgams?

Do you have any gold in your mouth?

How many root canals have you had?

How many teeth are you missing?

Do you wear dentures?

Do you brux (grind your teeth)?

List any known allergies:

Describe your willingness to modify your lifestyle as recommended by Dr. Keath?

Are you willing to follow a dietary regime that is based on your unique metabolic type that will increase your physical stamina, mental acuity, balance your body weight and save you from unnecessary office visits?

Are you willing to take herbal formulas and nutritional supplements in order to provide support for those metabolic systems that were found (objectively) to be imbalanced?

Are you willing to work with other medical professionals---such as, Chiropractors, etc, if referred by Dr. Keath?

How would you describe your spiritual persuasion?

What is your GOAL in coming for health and healing, facilitated by Dr. Keath?

Is there any other information about you that you think would be important in helping Dr. Keath better understand your case?

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Agreement

I, _____ *Print Name* -- agree to pay LIGHT OF SPIRIT HEALING the total cost of treatment at the time of the treatment in the form of cash, check or credit card. Treatment plans will be paid-in-full in advance of the start of the treatment plan.

I understand and acknowledge that Dr. Keath is not a participating provider (for insurance). While your health insurance is not billed directly you will be provided a receipt for service. Please check with your individual insurance provider to see if your treatment is eligible for reimbursement.

I understand that it is my responsibility to keep all scheduled appointments, and if I am unable to keep the scheduled appointment, I will give 24-hour's notice of cancellation in consideration of Dr. Keath's time as well as make this time available for another client.

If you need to cancel a scheduled appointment you must notify Dr. Keath at 401-487-2195 at least 24 hours in advance of that appointment. Appointments cancelled or missed without a 24-hour notification will be paid in full. Your credit card number will be provided at the time of scheduling to secure your appointment.

In the event of sudden illness or an emergency, rescheduling will be offered without a 24-hour notice. If appointments are cancelled excessively, it will be at the discretion of the Doctor to discontinue service.

Signature

Disclaimer

Traditional Chinese Medicine sometimes requires effective medical therapies, such as---Guasha, Cupping, Direct Moxabustion, and Needling.

These therapies can [and sometimes do] leave temporary marks on the skin, including bruising. Although they do not last, it is important for you to realize this and accept full responsibility in signing this form that you are willing to receive such treatments with 100% approval of such treatment.

If you have further questions about such treatment techniques, or you object, please speak with Dr. Keath.

I have read the above and fully understand and accept that some TCM techniques may leave temporary marks and bruising.

Signature

Dated