

Entrance Form

PRINT NEATLY!

Today's Date:

Last Name: Legal First Name: Name you choose to be called:

Address: City, State, & Zip:

Cell Phone: Home Phone: Work Phone:

E-mail address: Occupation:

Date of Birth: Age: Sex: Marital Status: Number of Children:

Names and Ages of People Living With You:

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How did you hear about Dr. Michael and/or who referred you?

Which of the following choices most accurately describes you today?

(Circle the ONE Best Answer) I am here for my: A) Health, B) Relationship, C) Life, D) Curiosity, E) Other
(Circle One Only) Concerning my health, I am looking to: A) Regain it, B) Maintain it, C) Improve it, D) Explore it
(Circle One Only) Concerning my quality of life, I looking to: A) Regain it, B) Maintain it, C) Improve it, D) Explore it

What are some of your specific goals that motivated you to be here today?

Circle the titles below of what you are currently doing: (Provide specific names of what you're taking and why you are taking them)

Prescription Drugs Non-Prescription Drugs Herbs Homeopathic Remedies Supplements

Are you following a special diet? If yes, explain Do you smoke? If yes, how much

Do you drink alcohol? If yes, how much Do you drink coffee or tea? If yes, how much

Hours of sleep per night: Describe your quality of sleep: (Excellent / Good / Average / Sporadic / Poor)

List any history of significant emotional trauma (provide dates):

List any history of significant physical trauma (falls, accidents, injuries, etc.) (provide dates):

List any history of chemical trauma (exposure to toxic substances and/or any known food allergies and hypersensitivities):

List any history of hospitalizations or surgeries (provide dates):

1. Underline ALL that you have done in the past: AND 2. Circle ALL that you are currently doing:
Coaching Counseling Catalyst Chiropractic Exercise Massage Meditation Physical Therapy Yoga

What other strategies do you use for taking care of yourself (for your health, attitude, well-being, quality of life, personal growth, etc.)?

On a scale of 0-100, how would you grade your overall: Physical State? Mental State? Emotional State?

What else should Dr. Michael know about you? (Please include information that may help him understand and serve you better.)

STATEMENT OF OBJECTIVE / AGREEMENT:

The purpose of this side of the form is to state clearly the objectives of the services Dr. Michael provides. Initial each statement in the space provided to indicate your understanding and acceptance, which includes the obligations you have to yourself.

- ☐ I understand Dr. Michael provides unique services, "Greaterness Coaching and Catalyst Hands-On Healing & Bodywork."
- ☐ I understand that he will address me through Greaterness Coaching and Catalyst Hands-On Healing & Bodywork.
- ☐ I understand that Dr. Michael earned his doctorate in chiropractic in 1993.
- ☐ I understand that he focuses primarily on education, sharing his solution-focused, psycho-technologies with his clients.
- ☐ I understand that Greaterness Coaching involves discussions to help me get the most out of my time with him.
- ☐ I approve the use of Greaterness Coaching to help me understand his unique approach and how it may apply to my life.
- ☐ I understand that when Dr. Michael works on the body, he uses Catalyst (Hands-On Healing & Bodywork) by default.
- ☐ I understand that Catalyst is a gentle approach that encourages the body to function more optimally.
- ☐ I approve the use of Catalyst to help me and my body function better, with greater awareness and responsiveness.
- ☐ When practicing as a chiropractor, Dr. Michael offers gentle spinal adjustments to facilitate a greater life expression.
- ☐ I understand that the most integrative improvements are incremental.
- ☐ I understand that his psycho-technologies are designed to help me integrate his work.
- ☐ I understand that Dr. Michael offers unique and creative services.
- ☐ I understand that the services I receive from Dr. Michael are NOT alternatives to receiving medical and conventional care.
- ☐ I shall not confuse the services I receive from Dr. Michael with me fulfilling any personal responsibilities I have regarding me receiving expeditious medical care for any conditions I may knowingly and/or unknowingly have.
- ☐ I understand that Dr. Michael's unique approach is educational first, entirely different from and NOT in competition with conventional care and medical treatments.
- ☐ Furthermore, I understand that Dr. Michael's unique approach is NOT to be used in place of medical or other types of care.
- ☐ I understand that Dr. Michael is an educator who uses his own time-tested systems to teach me how I can better help myself achieve my goals, whether they be personal, professional, or otherwise.
- ☐ I understand that Dr. Michael does NOT name or treat symptoms, conditions, diseases, or ailments of any kind.
- ☐ I understand that Dr. Michael does NOT discourage me from seeking a diagnosis and/or treatment for any symptom(s), condition(s), ailment(s), or disease(s) I may be experiencing and/or expressing.
- ☐ I understand that any suggestion(s) or recommendation(s) I receive from Dr. Michael is NOT prescriptive advice and NOT a replacement for professional counseling and/or therapy.
- ☐ I understand that I should address any mental health concerns I may have with a licensed mental health professional.
- ☐ I understand that my responsibility is to present any questions or concerns I have regarding his office policies/procedures.
- ☐ I understand that payment is due in full at the time services are rendered unless prior arrangements have been made.
- ☐ I understand that Dr. Michael offers free sessions through his pre-payment, monthly plan of 4 sessions for the price of 3.
- ☐ I understand that Dr. Michael has a refund policy for using a pre-payment plan.
- ☐ I understand he also has a cancellation policy that requires at least a 24-hour notice to not be charged for that appointment.
- ☐ I understand that additional information is available at www.livingwelleducation.com regarding policies and services.
- ☐ I understand Dr. Michael cannot be held responsible or liable in any way for decisions I make after receiving his services.
- ☐ I do hereby for myself, my heirs, my executors, and my administrators, waive, release, and forever discharge any and all rights and claims for damages which I have or which may hereafter accrue to me against Dr. Michael A. Scimeca for any and all demands, liabilities, rights, or causes of action arising out of or in connection with me choosing to use his services.
- ☐ I agree to defend, indemnify, and hold Dr. Michael A. Scimeca harmless from and against any claims, actions or demands, liabilities and settlements including without limitation, reasonable legal and accounting fees, resulting from, or alleged to result from, my violation of the terms and conditions of this Agreement.
- ☐ My use of Dr. Michael's services certifies that I have read and agree to this Statement of Objective entirely.
- ☐ I am signing this Statement of Objective/Agreement voluntarily and not under duress of any kind.
- ☐ My signature below indicates my complete understanding and acceptance of all the above.

FOR THE PARENT OR GUARDIAN OF A MINOR CHILD FOR WHICH THIS FORM IS BEING COMPLETED:

- ☐ I, the undersigned, state that I am the legal parent or guardian of the minor child listed on this form.
- ☐ I fully understand Dr. Michael's services and how they apply to my minor child.
- ☐ I give consent for my minor child listed on this form to receive the specialized services of Dr. Michael.

Signature: _____ Date: _____