

Sacred Healing Place

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NEW CLIENT INFORMATION

(Please print)

Client Name: _____ Age: _____ D.O.B.: _____

Address: _____ City/State/Zip: _____

Best phone number to reach you: _____

For scheduling/re-scheduling purposes, can I text you at this number?

YES NO

Email: _____

Do you give *Sacred Healing Place* permission to send you emails periodically updating you on services, products and other relevant information? (Your email address will not be shared).

YES NO

If you're NOT the primary insurance holder:

Insured's Name: _____ Date of Birth: _____

Insured's Address: _____

Insured's Employer: _____

Is it o.k. to leave a message identifying who I am?

YES NO

Race/Ethnicity: _____ Relationship Status: _____

Years of Education: _____ Who do you live with? _____

Employer: _____ Job Title: _____

Emergency Contact Name: _____

Relationship to Client: _____ Phone: _____

Referral Source. How did you hear about Lisha Song/Sacred Healing Place?
