



I received a copy of Crossings' Notice of Privacy Practices

Signature: _____

Printed name: _____

Date: _____

CROSSINGS CLIENT INFORMATION FORM

Practitioner:

Date:

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Work Extension _____

Email Address _____

Date of Birth _____ Occupation _____

Emergency Contact _____ ER Contact # _____

Would you like to be added to the Crossings email list? YES NO

Is any discretion necessary in contacting you about your appointment time at home or work? Please specify.

How did you hear about us?

- Referral _____
- Website
- Crossings Class/Workshop
- Flyer
- Services provided by Crossings at your office
- Other _____

Cancellation Policy: If you need to change or cancel your appointment, please do so 24 hours in advance to avoid being charged a cancellation fee. Please note, Dr. Christina Steele requires a 48 hour notice of cancellation.