Please fill out, sign this form, save and email a copy to farias@fariasalchemy.com.
We look forward to working with you soon. Thank you!

Farías Alchemy™
INTUITIVE ENERGY HEALING

P.O.BOX 2167
SEBASTOPOL, CA 95472

Health History Informed Consent & Liability Waiver

Contact Information:

Name:_____

Contact phone:_____ Email:_____

Street Address:_____

City: _____State: _____Zip:_____

Occupation: _____Referred by:_____

Emergency Contact Info: _____Phone:_____

Medical Doctor(s):_____ Phone:_____

Birth Date: (mm/dd/yy) _____Age:_____ ◯ male ◯ female

Intake Questions:

1. What are your health and wellness goals?

2. Are you receiving any other therapies? (list previous experience if applicable):

3. Are there any health conditions such as surgeries, significant physical injuries (bone fractures, motor vehicle accidents), etc. that you would like to share?

4. Are you taking any medications (prescription or non-prescription), that you would like to share?

5. Are there any other health and/or wellness concerns you would like to share?

Cancellation Policy
Since the scheduling of an appointment involves the reservation of time specifically for you, **a minimum of 72** hours' notice is required for rescheduling or cancellation of an appointment. **The full fee** may be charged for missed sessions without such notification.

I have read and understand Daissy office policies. Furthermore, in consideration of receiving services rendered by Daissy, I hereby declare as follows: That my true and legal name is as signed below and not otherwise.

I or my representative(s) agree to fully release and hold harmless Farías Alchemy, from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s), except in the case of gross negligence or malpractice,

Sign_____

Print Name _____Date_____

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