

GENERAL INFORMATION

Date: _____

Name _____

Address _____

Date of Birth _____ SS# _____

Home phone _____ Work _____

Marital Status _____ Spouse's name _____

Children & ages _____

Place of employment _____

Referred by _____

CANCELLATION POLICY

In order to provide services to all clients in a timely fashion, I request that cancellations be made 24 hours in advance (except in emergency situations). There will be a charge for appointments that are not cancelled in advance.

5110 S. Fla. Ave., Suite 114 Lakeland, Fl. 33803
(863) 286-9592