

CLIENT INTAKE FORM

Please note: The information we request is for use in providing demographic information for grant proposal and reporting purposes. It will never be used in connection with your name or shared with any third-party. It will not be shared with your Common Ground practitioner or teacher. S/he will always have a conversation with you before beginning any class or treatment by asking if you have any particular concerns or needs.

Name:	Birthday:
Address:	
City/State/Zip:	
E-mail Address:	
Preferred Phone:	Alternate Phone:
Employer:	

1. Gender: _____
2. Race/Ethnicity: _____
3. Military Status: I am a veteran I am active duty military
4. Where do you live?

<input type="checkbox"/> City of Charlottesville	<input type="checkbox"/> Albemarle County	<input type="checkbox"/> Louisa County	<input type="checkbox"/> Other -Virginia
<input type="checkbox"/> Fluvanna County	<input type="checkbox"/> Nelson County	<input type="checkbox"/> Greene County	<input type="checkbox"/> Outside of Virginia
5. How did you hear about Common Ground?: (check all that apply)

<input type="checkbox"/> Radio Station	<input type="checkbox"/> Physician	Name: _____
<input type="checkbox"/> Facebook	<input type="checkbox"/> CG Board Member	Name: _____
<input type="checkbox"/> Internet Search	<input type="checkbox"/> CG Staff Member	Name: _____
<input type="checkbox"/> Print Ad Where? _____	<input type="checkbox"/> Nonprofit Organization	Name: _____
<input type="checkbox"/> Other Please Specify: _____	<input type="checkbox"/> Friend/Family Member	Name: _____
6. Do you have any of the following:

<input type="checkbox"/> Respiratory condition (asthma, COPD, lung disease)	<input type="checkbox"/> Depression or Anxiety
<input type="checkbox"/> Circulatory condition (high blood pressure, heart or kidney disease, blood clots)	<input type="checkbox"/> Cancer
<input type="checkbox"/> Chronic Neck or Back Pain	<input type="checkbox"/> Diabetes
7. Please rate your general stress level: *(Please circle one)*

1	2	3	4	5
low	below average	average	above average	high
8. Thank you for using our services. If you are interested in supporting Common Ground in other ways, please tell us how:

<input type="checkbox"/> Volunteer	<input type="checkbox"/> \$5 Monthly Donor	<input type="checkbox"/> \$10 Monthly Donor	<input type="checkbox"/> Bring our services to your workplace
<input type="checkbox"/> Bring a Friend to Common Ground	<input type="checkbox"/> Other: _____		

Common Ground Healing Arts is a nonprofit and our mission is to make our wellness services accessible to all. Our massage and acupuncture operate by appointment; therefore, last minute cancellations and missed appointments can have a great impact to our revenue and that of our practitioners. We strive to be flexible and accommodating to your needs; as such, we ask that you be mindful of our nonprofit's organization's sustainability goals when booking appointments. In order to continue offering affordable acupuncture and massage we need to keep our appointment slots full. Missed appointments and/or late cancellations affect our ability to do so.

FINANCIAL POLICY

Common Ground operates on a sliding scale based on your household's income. The application for sliding scale is available on our website and in our office. Currently, our meditation offerings are donation-based.

Payment is expected at the time of service. Cash, checks and credit cards accepted. Our returned check fee is \$25.

We do not bill insurance or provide information to insurance companies. If you need a receipt to submit to your insurance/flex plan, please request a receipt upon purchase.

LATE POLICY

Please arrive a 15 minutes early for your first appointment and a few minutes early for subsequent appointments to allow for a stress-free check-in, changing clothes and/or a little pre-treatment decompression time. Lateness causes a chain reaction and we want you to get the most bliss for your buck.

We understand the unpredictability of traffic, weather and life, so we will do our best to fit you in as long as it does not affect the flow of our practitioners and other clients. If we can squeeze you in, your treatment may need to be cut short. If you arrive more than 10 minutes late and we are unable to accommodate you, it will be deemed a missed appointment.

MISSED APPOINTMENTS & CANCELLATION POLICY

We hope that you will not need to cancel your appointment. We do our best to meet your scheduling needs and request that you adhere to our cancellation policy. In respect for our intention to offer high quality health care at affordable prices, we kindly ask for 24 hour notice if it is necessary to cancel or reschedule an appointment.

All appointments that are rescheduled or cancelled with less than 24 hours advance notice, or appointments that are missed, will be charged the price of the scheduled session.

We ask that this fee be paid within one week of the missed or late cancelled appointment.

We greatly appreciate your understanding of our need to apply this policy, which helps us continue to serve our community with high quality, affordable health care services.

I agree to the above policies:

Name (please print)

Signature

Date