Entrance Form

PRINT NEATLY! Today's Date:

Last Name: Legal First Name: Name you choose to be called:

Address: City, State, & Zip:

Cell Phone: Home Phone: Work Phone:

E-mail address: Occupation:

Date of Birth: Age: Sex: Marital Status: Number of Children:

Names and Ages of People Living With You:

How did you hear about Dr. Michael? / Who referred you?

Which of the following choices most accurately describes you?
(Circle the ONE Best Answer) I am here mostly for my: A) Health, B) Relationship, C) Personal Life, D) Professional Life
(Circle One) I am: A) Motivated, B) Concerned, C) Unlikely to Follow Through, D) Skeptical or Hopeless
(Circle One) Concerning my work here, I will be a: A) Great Partner, B) Challenge, C) Curious Observer, D) None of the Above

What are some specific goals you have that motivated you to be here today?

(Circle the titles) What you are currently taking? (Provide specific names and why you are taking them)
Prescription Drugs Non-Prescription Drugs Herbs Homeopathic Remedies Supplements

Are you following a special diet? If yes, explain Do you smoke? If yes, how much

Do you drink alcohol? If yes, how much Do you drink coffee or tea? If yes, how much

Hours of sleep per night: Describe your quality of sleep: (Excellent / Good / Average / Sporadic / Poor)

List any history of significant emotional trauma (provide dates):

List any history of significant physical trauma (falls, accidents, injuries, etc.) (provide dates):

List any history of hospitalizations or surgeries (provide dates):

1. Underline ALL that you have done in the past: AND 2. *Circle* ALL that you are currently doing:
Chiropractic Coaching Counseling Exercise Massage Meditation Physical Therapy Yoga

What other strategies do you use for taking care of yourself (for your health, attitude, wellbeing, quality of life, personal growth, etc.)?

On a scale of 0-100, how would you grade your overall: Physical State? Mental State? Emotional State?

What do you do for fun? What inspires you?

What else would you like Dr. Michael to know about you to help you be successful in achieving your reason for being here?
(Please include any information you feel will help him better understand and serve you.)

STATEMENT OF OBJECTIVE / AGREEMENT:

The purpose of this side of the form is to state clearly the objectives, the services that Dr. Michael provides, and the obligations you have to yourself. Initial each statement in the space provided to the left to indicate your understanding and acceptance:

_____ Dr. Michael A. Scimeca received his doctorate in chiropractic in 1993.
_____ In his private practice, Dr. Michael focuses primarily on education, empowering his clients to learn how to thrive/succeed.
_____ He uses his Successions process (involving dialoguing between him and his clients) for the purpose of arriving at a "focus phrase" (a mantra) that functions as a personalized objective in helping his clients address a specific developmental need.
_____ Through Successions education and facilitating conversations, he helps his clients become more successful in various areas of their life, including (but not limited to) health, happiness, relationship, personal and professional development, etc.
_____ I, the undersigned, approve of Dr. Michael's use of Successions education to help me better help myself.
_____ Regarding the work Dr. Michael does when he physically addresses the body, by default he uses Catalyst first.
_____ Catalyst is a gentle approach that addresses the body for the purpose of facilitating positive changes in Forward Healing.
_____ Forward Healing involves the art of learning how to step well into each new phase of life.
_____ I approve the use of Catalyst to help my body and me function more optimally.
_____ When practicing as a chiropractor, Dr. Michael removes vertebral subluxations (misalignments/interference) of the spine to facilitate a greater life expression between brain cell and tissue cell.
_____ I understand that the services I receive from Dr. Michael are NOT alternatives to receiving medical attention.
_____ I shall not confuse the services I receive from Dr. Michael with me fulfilling any personal responsibilities I have regarding me receiving expeditious medical care for any conditions I may knowingly and/or unknowingly have.
_____ I fully understand that Dr. Michael's approach is both unique and a separate educational entity, entirely different from and NOT in competition with conventional medical treatments and alternative therapies.
_____ Furthermore, I understand that Dr. Michael's unique approach is NOT to be used in place of medical or other types of care.
_____ I understand that Dr. Michael is first and foremost an educator who uses his own time-tested, personally developed system to teach me how I can better help myself achieve my goals, whether they be personal, professional, or otherwise.
_____ I understand Dr. Michael does NOT name or treat symptoms, conditions, diseases, or ailments of any kind.
_____ I understand that Dr. Michael does NOT discourage me from seeking a diagnosis and/or treatment for any symptom(s), condition(s), ailment(s), or disease(s) I may be experiencing and/or expressing.
_____ I understand that any suggestion(s) or recommendation(s) I receive from Dr. Michael is NOT prescriptive advice and NOT a replacement for conventional medical care and NOT a replacement for professional counseling and/or therapy.
_____ I understand that I should address any mental health concerns I may have with a licensed mental health professional.
_____ I understand that my responsibility is to present immediately any questions or concerns I may have regarding office policies and procedures.
_____ I understand that payment is due in full at the time services are rendered unless prior arrangements have been made.
_____ I understand that I can receive free sessions (Catalyst and/or Successions) by using a pre-payment method.
_____ I understand that Dr. Michael has a refund policy for any pre-payment I choose to use.
_____ I understand he also has a cancellation policy that requires at least a 24-hour notice not to be charged for that appointment.
_____ I understand that additional information about policies, procedures, and services is available at www.scimeca.com.
_____ I take FULL responsibility for decisions I make, including whether or not to receive his services.
_____ I do hereby for myself, my heirs, my executors, and my administrators, waive, release, and forever discharge any and all rights and claims for damages which I have or which may hereafter accrue to me against Dr. Michael A. Scimeca for any and all demands, liabilities, rights, or causes of action arising out of or in connection with me choosing to use his services.
_____ I agree to defend, indemnify, and hold Dr. Michael A. Scimeca harmless from and against any claims, actions or demands, liabilities and settlements including without limitation, reasonable legal and accounting fees, resulting from, or alleged to result from, my violation of the terms and conditions of this Agreement.
_____ My signature certifies that I have read and agree to these objectives entirely.
_____ I am signing this agreement voluntarily and not under duress of any kind.
_____ My signature below indicates my complete understanding and acceptance of all the above.

FOR THE PARENT OR GUARDIAN OF A MINOR CHILD FOR WHICH THIS FORM IS BEING COMPLETED:

_____ I, the undersigned, state that I am the legal parent or guardian of the minor child listed on this form.
_____ I fully understand Dr. Michael's services and how they apply to my minor child.
_____ I give consent for my minor child listed on this form to receive the specialized services of Dr. Michael.

Signature: _____ Date: _____

Together, we may do some really great things!