

DISCLOSURE & INTAKE FORM

The following information and form signature is required prior to your initial session with Iris Hagen Ratowsky. Please be sure to fill out and submit this form prior to your session.

NOTE: You must first contact Iris to book your session *prior* to filling out this form. Email her at irishagenratowsky@gmail.com or call (510) 508-6205.

****All fields are required.***

Full Name:	
Primary Phone:	
Email:	
Email Confirmation:	
Age:	
Date of Birth:	

Home Address Line 1:	
Address Line 2:	
City:	
State:	
Zip Code:	

Emergency Contact's Full Name	
Relationship: (ex., Mother, Child, Friend)	
Emergency Contact's Phone:	

DISCLOSURE & INTAKE FORM

HOMEOPATHIC AND CRANIOSACRAL THERAPY DISCLOSURE AND NOTICE:

Homeopathy and Craniosacral Therapy are practiced as alternative healing arts in California under Sections 2053.5 and 2053.6 of the Business and Professions Code subject to these requirements and restrictions:

1. That the practitioner states she is not a licensed physician or health-care provider, and
2. That homeopathic consulting and Craniosacral services are not licensed by the state, and
3. That neither homeopathic consulting nor Craniosacral Therapy is represented as or intended to be substitutes for conventional medical diagnosis or treatment and does not diagnose or treat specific pathological conditions or disease symptoms.

ACKNOWLEDGMENTS

By signing below, you are agreeing to the following:

1. It is my personal preference to use the homeopathic or craniosacral services provided by Iris Hagen Ratowsky. I understand that these services are not medical treatments and that Iris Hagen Ratowsky is not a licensed physician.
2. I understand that payment is required prior to my appointment and payment can be made by Venmo, check, cash or Zelle. I understand that there are no refunds for missed appointments (whether in-person, by phone, or virtual) that were not canceled at least 48 hours in advance.

	Consent: I have read and agree to honor all office policies and understand the above consent and agreement information.
Signing Date:	
Signature:	

Submit the signed form to Iris at irishagenratowsky@gmail.com or bring it to your appointment.