

Client Information

MAIN DETAILS

Family Name

Given Name (first name)

Email Address

Home Address

City State Zip

Home Phone

Work Phone

Mobile

Fax

If your Country's address format does not fit the fields provided, please enter your full address within just the "Home Address" field.

PERSONAL DETAILS

Age

D.O.B. Time

Place of Birth

Your Father's D.O.B.

Your Mother's D.O.B.

Your Parents' Wedding Date

Gender (M/F) Right or Left Handed (R/L)

How old were you when you became totally independent from your parents (food, shelter, and money)

Age Year Month

Marital Status Single Separated Divorced Married Years Previous Marriages (Y/N) Number

Additional Notes

Number of Children	Age	D.O.B.
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Your rank in the family (including siblings, still-born, and aborted)

Number of miscarriages » Your Mother You

Number of abortions » Your Mother You

Education » Level of Completion

HOW TO COMPLETE THIS FORM

Please review all information and fill out digitally or by hand. When complete, click the "Submit Form" button (if filling out digitally), or email this document to: DrMichelle@RecallHealingUSA.com

PERSONAL DETAILS, CONT.

Main Concern (reason why you are coming to this appointment, please include your diagnosis). Please be as clear as possible

Date

LIFE TIMELINE

Please write the major events of your life (dramatic events, trauma, shocks, fears, etc.) starting from "Present" back to "Birth." Write everything meaningful that you can remember in 4 columns (Age, Date, Event, Feelings) as follows:

Example

46y	10m	Aug 10, 2005	Car accident	Fear, thoughts of death
40y	02m	Nov 06, 1999	Separation	Despair, hopeless, unworthy
16y	11m	Oct 20, 1972	Parents divorce	Powerless, sad, angry, etc.
13y	02m	Nov 10, 1972	Elder brother died	Sad, angry, rage, hurt

Age	Date	Event	Feelings
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LIFE TIMELINE, CONT.

Age	Date	Event	Feelings
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FINDINGS

The greatest negative shock of your life (it can be the one that preceded your illness or another one)

Date / Age at the beginning of your illness

Sudden shock or conclusion of a major event/situation, either positive or negative, which would have occurred or terminated in the months or the year that preceded the beginning of the illness

FINDINGS, CONT.

Fears and frights, fierce, intense or chronic (ie: drowning)

Very strong annoyances/vexations with anger and sorrow (all 3 emotions at once, ie: a slap in the face)

Remorse, regrets

Sudden traumatic event (ie: unexpected death of a loved one)

Heavy secret, never expressed to anyone

Additional comments on certain important conflicts, if needed

"Your Mother is pregnant with you... what do you know about it?"

What was happening in your parents' lives (ie: accidents, loss of job, deaths, illnesses, earthquakes, floods, in-laws living with the young couple, major elections, travel, etc.)

1. At the time of your conception?

2. During her pregnancy with you?

3. Up until your first birthday (1 year old)?

DESCRIBE YOUR FAMILY TREE

As far as you can remember, going back if possible, 3 or 4 generations on both your father's and your mother's sides of the family (you and siblings, parents, grandparents, and great grandparents). Give any information you might have about any miscarriages or abortions, as well as about illnesses, causes of death, dates of birth and death, and particular characteristics of their lives. (This work is always very useful.)

Medical Release

I, understand that in no way is this information meant to replace the medical advice, treatment, or medication prescribed by my personal attending physician.

I understand that Michelle LaMasa-Schrader is not a Medical Doctor (M.D.); she is a Ph.D., specializing in mind-body medicine, Recall Healing, and is a consultant and lifestyle medicine mentor providing resources, helping the individual to make connections, and teaching mind-body skills to support the individual on their journey.

Signature

(by typing your name in the field provided above, you agree that it represents your signature in electronic form, and is the legal equivalent of your manual signature on this Release)

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Date

Cancellation Policy

We value your business and understand that life sometimes gets in the way of scheduled appointments. In an effort to allow another to have the appointment, please let us know at your earliest convenience, but at least 48 hours in advance of the cancellation.

If you are unable to provide the 48 hour notice or you don't show up for your appt., we will charge your card for the full scheduled appointment. Thank you so much for your consideration.

(initial here) I understand this Cancellation Policy above and agree to its terms.

Credit Card Payment Consent Form

Patient Name Name on Card, if different
Last First Middle Initial

I authorize Michelle LaMasa-Schrader, PhD, MSc, MA and Soul*Tree Transformations to charge my credit/debit card for professional services as follows

Initials*

This visit only, for the amount of \$


All visits in the next 12 months, beginning
Date (mm/dd/yy)

Recurring Charges, date(s) of service to ,
Date (mm/dd/yy) Date (mm/dd/yy)

not to exceed Monthly Semi-Monthly Weekly Per Visit

To charge my card the full session fee for last minute cancellations and "no-shows"

Type of Card: Visa Mastercard Discover American Express



Credit Card Number - - - XXXX

***For Your Security, Do not enter the last 4 digits of your credit card number. Call, text, or email those four digits to us separately, along with your full name.**

Exp Date CVV Number
(3-digit number on the back of your credit card. If American Express, it is the 4 digit number on the front, above the credit card's main number)

Cardholder's Signature

(by typing your name in the field provided above, you agree that it represents your signature in electronic form, and is the legal equivalent of your manual signature on this Consent Form)

Cardholder's Billing Address

Street

City State Zip

If your Country's address format does not fit the fields provided, please enter your full address within just the "Home Address" field.

Date

Charges will appear on your credit card statement as Michelle Schrader or some abbreviated form of it.

Clear Form

