

VALLEY ACUPUNCTURE AND HEALING ARTS

Jenny Chapin, Lic. Ac., CZB
Acupuncture and Zero Balancing

277 Main Street, suite 203
Greenfield, MA 01301
413-522-3816

New Client Information

Name: _____ Date: _____

Address: _____

Phone number: home _____ cell/work _____

Email: _____

Date of birth: _____

Occupation: _____

Reason for coming: _____

Please read and sign below:

I ask that you provide 24-hour notice when canceling or rescheduling an appointment. If you fail to cancel and you don't show up, I consider this a missed appointment. For late-canceled or missed appointments, I reserve the right to charge a fee of \$50. This fee should be paid prior to or at your next appointment.

I will not charge this fee if I am able to fill that time slot, or in the case of emergency or illness. If I can reschedule you in at a later date in the same week, you will not be charged this fee.

Please sign here to indicate your assumption of responsibility for payment of missed appointments.

X _____