

# 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 today?  
(Circle the ONE Best Answer) I am here for: A) My Health, B) My Relationship, C) My Life, D) My Child, E) My Career  
(Circle One Only) Concerning my health, I am looking to: A) Regain it, B) Maintain it, C) Improve it, D) Not A, B, or C  
(Circle One Only) Concerning my quality of life, I am looking to: A) Regain it, B) Maintain it, C) Improve it, D) Not A, B, or C

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

Circle the titles below of what you are currently doing: (Provide specific names of what you're taking 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 chemical trauma (exposure to toxic substances and/or any known food allergies and hypersensitivities):

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:  
Coaching Counseling Catalyst Chiropractic 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 else should Dr. Michael know to help you be successful in achieving your goals? (Please include ANY information that may 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 of the services Dr. Michael provides. Initial each statement in the space provided to the left to indicate your understanding and acceptance, which includes the obligations you have to yourself.

- I understand that Dr. Michael provides unique services, namely Greaterness Coaching and Catalyst.
- I understand that, by default, he will address me through Greaterness Coaching and Catalyst.
- I understand that Dr. Michael earned his doctorate in chiropractic in 1993.
- I understand that he focuses primarily on education, sharing his solution-focused, psycho-technologies with his clients.
- I understand that Greaterness Coaching involves discussions to help me get the most out of my time with him.
- I approve the use of Greaterness Coaching to help understand his unique approach and possibly apply it to my life.
- I understand that when Dr. Michael works on the body, he uses Catalyst first, by default.
- I understand that Catalyst is a gentle, hands-on approach that encourages the body to function more optimally.
- I approve the use of Catalyst to help me (and my body) function better with greater awareness and body dynamics.
- When practicing as a chiropractor, Dr. Michael offers gentle spinal adjustments to facilitate a greater life expression.
- I understand that the best (most integrative) improvements are incremental.
- I understand that his Forward Healing, Thriveapeutics, Successions, and Greaterness models all help me integrate the work.
- I understand that Dr. Michael offers services that are highly unique.
- I understand that the services I receive from Dr. Michael are NOT alternatives to receiving medical and conventional care.
- 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 understand that Dr. Michael's unique approach is educational, entirely different from and NOT in competition with conventional care and medical treatments.
- 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 systems to teach me how I can better help myself achieve my goals, whether they be personal, professional, or otherwise.
- I understand that 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 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 any questions or concerns I have regarding his office policies/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 earn free Greaterness Coaching and/or Catalyst sessions by using a pre-payment (monthly) system.
- I understand that Dr. Michael has a refund policy for any pre-payment system.
- I understand he also has a cancellation policy that requires at least a 24-hour notice to not be charged for that appointment.
- I understand that additional information about policies, services, etc. is available at [www.livingwelleducation.com](http://www.livingwelleducation.com).
- I understand Dr. Michael cannot be held responsible or liable in any way for decisions I make after receiving 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 use of Dr. Michael's services certifies that I have read and agree to this Statement of Objective/Agreement entirely.
- I am signing this Statement of Objective/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: \_\_\_\_\_