

Sound Health Research Assessment Application

Name _____ Birth Date _____
Home Address _____
City _____ State _____ Postal/Zip _____
Country _____ Email _____
Day Phone () _____ Home Phone () _____
Fax Machine () _____ Best Time To Call _____
Under Care Of (Physician) _____

Please list the issues or concerns that you would like to discuss during your appointment.

Please list all medications, supplements, vitamins, and herbs you are currently taking.

Are you allergic to any of the following? Dairy, Wheat, Grains, Soy, Dust, Grass, Trees, Pollen, Chlorine, Formaldehyde, Cosmetics, Perfumes, Detergents, Cleaners, Gas, Glue, Paint, Dye, Animal dander, Peanuts, Mold, Other _____

Do you have a history of seizures? Yes No _____

Do you smoke? Yes No If so, how many packs a day? _____

Do you drink? Yes No If so, how often? _____

Do you use any street/recreational drugs? If so, what and how often? _____

Have You Contacted Your Local BioAcoustic Practitioner? If So Whom? _____

How did you hear about Sound Health? _____

SIGNATURE REQUIRED ON NEXT PAGE

Reassessment is Essential, you will need to follow up!

Please
Initial

_____ Do you understand that Sound Health does not accept checks?

(Forms of payment accepted are Visa, Mastercard, Discover, American Express, Money Orders, and Debit Cards with the Visa/Mastercard logo.)

_____ Do you understand that full payment is due at time of services?

_____ It is very important that you show up for your appointment. We have a long waiting list. If you will be unable to keep your appointment, please allow adequate notice so that someone else can take your slot. If you cancel within 48 hours of your appointment, you may be charged a \$250 cancellation fee.

I fully understand that an assessment with Sound Health is an experimental technique, that requires significant follow up including reporting any change or results that may occur. I also understand that this is an ongoing process that may not produce results with only one appointment.

Signature

Date

Printed Name

Fee Schedule

Assessments done by or supervised by Sharry Edwards™ are \$125.00 per hour.

All other in-house practitioners are \$85.00 per hour.

Weekends & Holidays (if available) carry an additional \$40.00 surcharge per hour.

Initial appointments span over a two day period and can last anywhere from 3-8 hours, depending on the complexity of the case.

You may need to purchase a tone box at \$450.00 in order listen to your tones outside the office. The tone box is a one-time purchase which can be reprogrammed any time an adjustment is needed to your tones.

Individual Practitioner fees vary; contact them directly.

FULL PAYMENT IS EXPECTED UPON DELIVERY OF SERVICES AND GOODS. SOUND HEALTH IS A NON-PROFIT RESEARCH ORGANIZATION, THEREFORE WE CANNOT EXTEND CREDIT NOR ACCEPT BARTER.

Reassessment is Essential, you will need to follow up!

V09-09-10