



1720 Dolphin Drive, Unit B  
Waukesha, Wisconsin 53186  
Phone: 262-347-2222

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**CLIENT INFORMATION –**

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Student: \_\_\_\_\_ Employed: \_\_\_\_\_ Employer: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Referred by: \_\_\_\_\_  
Chief complaint / diagnosis: \_\_\_\_\_

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**PHYSICIAN INFORMATION –**

Primary Care Provider: \_\_\_\_\_  
Referring Physician/Practitioner: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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**POLICIES AND FEES**

**Sue's Intervention Fee: \$125 per hour (Occupational Therapist, CranioSacral Therapist – Diplomat)**  
**Kathy's Intervention Fee: \$90 per hour (Occupational Therapist, CranioSacral Therapist)**

- Payment is required at the end of each session.
- We can submit claims on client's behalf to their primary insurance company but do not accept assignment.  
**Special Therapies, Inc. is out-of-network for all private insurance companies and Medicare.**
- No-shows and cancellations within 24 hours of scheduled appointment are subject to a \$50 fee.

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I hereby authorize Special Therapies, Inc. to evaluate and administer therapeutic treatment as deemed necessary by Special Therapies, Inc. I understand that I will receive an explanation in understandable terms of the therapy recommended for the above-named person, including possible side effects associated with treatment. I agree to the above-stated policies and understand that I am responsible for all debt incurred with Special Therapies.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_