

WELCOME!

What We Do: Thank you for choosing Margaret’s Reflections of HOPE. We believe that whole person wellness considers your physical, mental, emotional, financial, and spiritual needs. Therefore, our mission is to offer non-invasive therapies through natural healing arts. Our goal is to offer complementary modalities by working in partnership with you to help you maximize your health and wellness.

How We Do It: We work as a team with you by talking with you, listening to your needs, and developing together an individualized session plan(s) specifically for you. We may conduct an initial wellness assessment and provide you with self care recommendations.

How It Benefits You: Our complementary modality(s) has been carefully and lovingly chosen to help you mobilize your own body’s ability to heal itself. This service(s) is a complement to western medicine and integrative wellness programs, but not a replacement. When the body, mind and/or spirit are not in harmony, then we are more susceptible to physical and emotional “dis-ease.” When we are in balance, we are better able to deal with whatever life brings us. Therefore, we will assist you in creating a balanced lifestyle that works for you in your specific situation.

What You Need to Know: If you need to change or cancel an appointment, please give us 24 hours notice. We ask that you read and complete the following forms and bring them with you at your first appointment. If this is not feasible, please arrive 15 minutes early to complete them.

1. Welcome - please sign and date.
2. Informed Consent – please sign and date.
3. Wellness Assessment – please complete, sign, and date.

Payment

Payment is due at the time of service. If payment in full is not possible, please make specific financial arrangements with us prior to your visit. Payment is accepted by (cash, check or credit card) There is a \$20.00 fee for returned checks. Please make checks out to: Margaret’s Reflections of HOPE

Acknowledgement

I have read, understand, and agree to the information and policies as describe above.

Name (Print): _____

Signature: _____

Date: _____

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