

# Sunset Knoll Wellness Retreats

**Patient Information**

**Date:**

Please fill out and return via fax or mail to:

Fax: (570) 724-6373

19 Morris Lane

Wellsboro, PA 16901

First Name_____	Middle Name _____	Last Name_____
Home Phone_____	Cell phone_____	Work_____
Street Address_____	City_____	State____ Zip_____
Email_____	Birth date_____	Age____ SS#_____
Occupation_____	Employer/School_____	

Emergency Contact_____	Relationship_____
Phone for contact_____	
Primary Physician_____	Phone_____
Address_____	

Sunset Knoll collects payment at the time of service. What will be your method of payment?_____
Cash_____
Check_____
Visa/Mastercard/Discover_____

All information is voluntary and confidential and for the purpose of evaluation and treatment purposes. Only certified practitioners will have access to your information at Sunset Knoll Wellness Retreats.



