

The Chiron Healing Collective

Our Mission:

“Our mission is to expand holistic healthcare to individuals in underserved income populations, healthcare workers and emergency service providers to aid in the collective healing and wellbeing of the Individual and community.”

Patient Application

I am requesting status as a patient of The Chiron Healing Collective (TCHC) for the following qualifying reason, (Please choose only one):

1. Underserved / Low Income:

Unemployed / Disability / Fixed Income / Other, (please specify)

Please state your annual household income and family size. \$_____ Family#_____

2. Healthcare Service Employee: _____

Where are you employed? _____

3. Emergency Services/First Responder: Fire Service-Police-Sherriff-Military-Veteran-Other

If Other? _____

Where are / were you employed? _____

Name: _____

Date: _____

Signature: _____

How did you hear about us / who referred you? _____

DIRECTOR ONLY:

APPROVED / HOLD / UNAPPROVED / PT RESINDED APPLICATION / PT RELEASED

Date: _____ **Director:** _____

Date: _____ **Director:** _____

The Chiron Healing Collective
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