



Client Contact Information

Name: _____ DOB: ___/___/___
Occupation: _____ Marital Status: _____ Do you have children [] No [] Yes
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ [] Home [] Cell [] Business
Alternate #: _____ [] Home [] Cell [] Business
Email Address: _____ @ _____
Emergency Contact #: _____ Name: _____ Relationship: _____
How did you hear about us? [] Client/Business/ Physician Referral _____
Please give us their name so we can thank them for their referral.
[] Drive by [] Walk-in [] TV Commercial [] Web _____ [] Event _____

What is your preferred contact method, to receive: Appointment reminders, schedule changes and follow-ups?

[] Home [] Mobile [] Business [] Text Messages [] Email

[] Please sign me up for the FREE Therapeutic Rewards program (see front desk/ therapist for details on program)

- Special discounts and promotions will be EMAILED to you (valid e-mail on file is necessary)
• Birthday discount!
• Earn points to use towards services & products

24-Hour Cancellation Notice:

Due to the individualized nature of services we offer, our service providers prepare treatment rooms and services in advance for each client. If you are unable to keep an appointment, please let us know at least 24-hours prior to your scheduled appointment, via phone call. Email/Text message cancellations are NOT valid.

We reserve the right to charge for appointments not cancelled within this period.

Signature: _____ Date: _____

Connect with us!

