

PAMPERED SPIRIT- A Touch That Heals
Patty Guzman BMC, EHT and LMT

CLIENT INFORMATION FORM

Name _____ Contact # _____

Email address _____ (ONLY FOR FUTURE COUPONS & NEWSLETTER)

Mailing address _____ City _____ Zip Code _____

Occupation _____ Date of Birth _____

General Health Condition poor fair good Blood Pressure _____

Have you ever had any serious or chronic illness, operations, chronic virus infections, traumatic accidents, skin rash or disease? yes no

If so, please describe _____

Are you under any Doctor's, Chiropractor's, Physical Therapist's or any other health practitioner's care? yes no

If so, please describe condition _____

Are you on any medication? yes no

If so, please list here _____

Do I have permission to contact your doctor if needed? yes no

Physician's name _____ Contact # _____

How did you hear about Pampered Spirit? _____

What are you looking for? (IE: relaxation, therapy, pain relief etc.) _____

In case of an emergency who can we contact?

Name _____ Contact # _____

I have completed this form to the best of my knowledge. I understand that services were designed to be a health aid and in no way to take the place of a physician's care. Information exchanged during any session is educational in nature and is intended to help me become more familiar and conscious of my own health status and is to be used at my own discretion.

CANCELLATION POLICY

Also, I know that our time together is precious and I agree to cancel 24 hours in advance. Unless there is an emergency, if I miss an appointment I agree to pay the full appointment price.

Date _____ Signature _____