

**HEALTH QUESTIONNAIRE: BACK IN BALANCE, LLC:**

Name \_\_\_\_\_

Referred by: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (h) \_\_\_\_\_ (cell) \_\_\_\_\_ (w) \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Age \_\_\_\_ Birthdate: \_\_\_\_\_

Are you aware of any reason you should not receive bodywork or massage? \_\_\_\_\_

Are you currently sick with chronic illness or pain? \_\_\_\_\_ Specify \_\_\_\_\_

What do you hope to gain from your sessions with me?

\_\_\_\_\_

**CANCELLATION/RESCHEDULE POLICY:** *While we absolutely appreciate your business, we must charge for missed appointments. Due to the large amount of time that must be blocked out for each appointment, the full fee will be charged for appointments or cancellations with less than 48 hour notice. Please do not come in if you are ill.*

**Contract for Care:** I certify that the above information is true and accurate to the best of my knowledge, and I agree to keep my appointments in a timely manner. Your appointment starts at the booked time and ends either one hour or ninety minutes thereafter. If you are late, your time will not be lengthened to accommodate tardiness for any reason. I agree to pre-pay for sessions, or leave a credit card on file which will be billed for cancellations, reschedules, or no-shows with less than 48 hour notice. I forever release all liability from Back In Balance, Nitasha Canine, and her associates. I agree to keep the therapist informed of any changes that develop over the course of our therapeutic relationship.

Credit Card Information: Name on card: \_\_\_\_\_

CC#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVC Code: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_