

Body Restoration Clinic client intake form

Please print legibly

Name _____

Email: _____

Address _____

City _____

Zip _____

Phone () _____ DOB _____ Occupation _____

What can we help you with today?

Do you have any injuries or restrictions (past or present) that I should know about?
(broken bones, surgery etc.) If so explain.

On a scale of 1 – 10, what is your current pain level? _____

Are you under any type of medical care? (yes) (no)

If yes, may I contact your provider? Dr. name _____ phone _____

Our understanding and agreement:

Scheduling policy: we must follow our schedule carefully to assure each client the attention they deserve. If you arrive late for an appointment your session may have to end at its originally scheduled time.

Cancellation Policy: If you find it necessary to cancel your appointment, please do so 24 hours prior to your appointment time. If you do not do so, or do not show up for your scheduled appointment you WILL be charged 100% of your session price for the missed appointment.

General policy: Body Restoration is not a diagnostic technology. It's not designed to identify, categorize or "treat" specific kinds of symptoms, physical disorders or full blown diseases. It cannot be used to "treat" anything. It can only be used to build functional, pain free mobility within your body's capabilities. This is essential to its clinical effectiveness. The BRC does not perform nor prescribe medical treatment, perform chiropractic manipulation or massage. We provide Structural/Energetic balancing only. The therapist or client has the right to end the session at any time. Except in the case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless Sean Wolf from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s). For details explanations of the nature of services provided, please go to www.BodyRestorationClinic.com.

Signature _____ Date _____