



We Make Healing Happen!

10911 Hwy 55, Suite 201A, Plymouth MN 55441
15707 Hwy 12, Suite 2, Cokato MN 55321
(952) 513-4343

Please fill out and bring with you to your appointment
Confidential Client Information/Please Print Clearly



Today's Date _____

Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Phone: Cell _____ Do you text? Y _____ N _____

E-Mail _____

Whom may we thank for this referral? _____

What is your primary reason for today's visit? _____

Have you seen a doctor, chiropractor, physical therapist, etc. for this condition? _____

Please check any of the following health issues that apply to you:

- | | | | |
|--|--|---|-----------------------------------|
| <input type="checkbox"/> Heart Issues | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Pregnant |
| <input type="checkbox"/> Jaw surgery or reconstruction | <input type="checkbox"/> Previous or Present fractures or replacements | <input type="checkbox"/> Implants including pace makers, etc. | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Fits/Convulsions | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Migraines | |

Please list any memorable injuries, accidents or traumas from anytime in your life _____

Please take a moment to carefully read the following information and sign where indicated.

I understand that the bodywork I receive is provided for the relief of muscular tension, pain and discomfort and may lead to, other improvements in my overall health. No changes or improvements can be promised or guaranteed. I further understand that bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should consult a physician or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that bodywork therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapists part should I neglect to do so.

Jill L'Esperance's CANCELLATION POLICY: 24 HOUR NOTICE IS REQUIRED FOR ALL CANCELLATIONS. FULL TREATMENT FEE WILL BE CHARGED FOR ALL NO SHOWS AND LAST MINUTE CANCELLATIONS.

Prepaid sessions will expire one year from date of purchase. They may be transferred to friends or family members, but there are no refunds provided for unused prepaid sessions.

I have read and agree to Jill L'Esperance's policy.

Date: _____

Client **Signature** or Parent/Guardian if under 18 yrs of age
