CL Body Therapy
4161 70th Avenue
Lloydminster, Alberta T9V 3L9
Phone: 780-875-5372 Fax: 780-875-5374

Name:_____ **Date:**_____ **Sex M/F**

Full Address:_____ **Email Address:**_____
Postal Code:_____
Home Phone #:_____ **Work Phone #:**_____
Cell #:_____
Cell Provider (to receive text mssg reminders of appts):_____
Employer:_____ **Dr's Name/ Ph#:**_____

Date of Birth:_____ **Chiropractor:**_____

Current Health Habits	Yes	No	Patients Comments	Doctor's Comments
Did/Do you smoke?				
Did/Do you drink any alcohol?				
Are you concerned about your diet?				
Have you been in accidents?				
Current medications? How Long?				
Allergies?				
Exercise regularly?				
Females: Are you pregnant?				
Sleeping posture □side □stomach □back				
Current MRI, Xray, Ultrasound			WHERE?	

Is there a family history of: Heart Disease □ Arthritis □ Cancer □ Diabetes □ Other_____

Present Complaint:_____
When did the pain start?_____
Pains are: Sharp □ Dull □ Constant □ Intermittent □
What activities aggravate your condition/pain?_____
What activities lessen your condition/pain?_____
Is condition worse during certain times of the day?_____
Is this condition interfering with your: Work □ Sleep □ Daily Routine □ Other?_____
Is condition getting progressively worse?_____
Have you seen any other Doctors for this condition?_____
Any effective treatments?_____
Have you experienced any side effects from the drugs and surgeries?_____

Other Symptoms:

□	Headaches	□	Pins and needles in arms	□	Fainting
□	Neck Pain	□	Pins and needles in legs	□	Loss of smell
□	Sleeping Problems	□	Numbness in fingers	□	Loss of taste
□	Back Pain	□	Numbness in toes	□	Diarrhea
□	Nervousness	□	Shortness of breath	□	Feet cold
□	Tension	□	Fatigue	□	Hands cold
□	Irritability	□	Depression	□	Stomach upset
□	Chest Pains	□	Lights bother eyes	□	Constipation
□	Dizziness	□	Loss of memory	□	Cold sweats
□	Face Flushed	□	Ears Ring	□	Loss of balance
□	Neck Stiff	□	Fever	□	Buzzing in ears

Policy at CL Body Therapy

In regards to Massage Therapy, if you have an appointment booked in advance and you do not show up without calling, you will be required to pay the full amount before you receive your next treatment. You must call at least 2 hours before your appointment to cancel. Exceptions include: last minute illness, and or family emergencies.

In regards to Laser Therapy, if you have an appointment booked and you do not show up without calling, you will be required to pay the full amount before you receive your next treatment. You must call at least 2 hours before your appointment to cancel. Exceptions include: last minute illness, and or family emergencies.

I _____ have read and understand the above clinic policy and I will be responsible to all outstanding charges that may apply. Remember to always check your appointment card in advance. If you need a phone call to remind you in advance we at CL Body Therapy would be happy to call you!

Patient Signature:_____ **Date:**_____

Parent or Guardian signature (if under 18)

Parent Signature:_____ **Date:**_____

Witness:_____**Date:**_____

*******Direct Billing Option*******

In the event that coverage with my 3rd party billing has reached my limit, I authorize C.L. Body Therapy to : CHARGE Visa or Mastercard (creditcard numbers will be kept in the safe)

Current Insurance Provider: _____

ie: (Great West Life, Sunlife, Manulife etc)

Average Machines per body part:

• Low back pain,sciatica on one side only	2 machines
• Hip pain with extensive osteoarthritis	1 machine
• Low back pain with osteoarthritis, and leg pain on both sides	3 machines
• Neck pain with extensive osteoarthritis, and arm pain down both arms	2-3 machines
• Neck pain with headaches	1-2 machines
• Knee (ligament/tendon damage, and arthritis)	1-2 machines
• Wrist,carpel tunnel, hand arthritis	1 machine
• Open sores/wounds, burns/scars	1-3 machines
• Planter faciitis	1 machine

Note: During the assessment the therapist will recommend the best treatment time and frequency to optimize your healing.

Laser Assessment (15 min consultation) **$20.00 – (One time fee)**

Cost of treatment per machine (laser):

1 machine	**$30.00**
2 machines	**$50.00**
3 machines	**$70.00**
4 machines	**$90.00**
Packages: Upon Request	

Massage Rates: Range depending on therapist

30 minutes	**$50.00-55.00**
45 minutes	**$60.00-70.00**
60 minutes	**$80.00-90.00**
90 minutes	**$125.00-150.00**

I clearly understand and agree that I will pay the fees for services rendered to me as outlined above.

Patient or Guardian's **Signature:**_____**Date**_____