

## Client Contact Information

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (cell/work/home) Text: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician/Health-care Provider: \_\_\_\_\_

Phone: \_\_\_\_\_

How did you hear of me? (Internet search, referral, etc) \_\_\_\_\_

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

Is this massage/bodywork medically necessary (is it for a medical condition, injury, surgery)?

Yes  No  Explain: \_\_\_\_\_

Do you have a physician referral/prescription? Yes  No

Are you seeking insurance reimbursement? Yes  No

Type of insurance coverage for this claim:

Car Collision    Worker's Compensation    Private Health