



Client information form

Name	
Address	
City	
County	
Employer	
Email for reminders	
SS #	
Date of Birth	
Home Number	
Cell Number	
Work Number	
Referred By	
DL# if writing checks	

Please note payment is due when services are rendered. We accept cash, personal checks, Visa, Master Card, American Express, Discover, and Care Credit. Upon request, estimates will be provided prior to treatment. A deposit may also be required prior to initiating therapy. Please take note that if missed charges are discovered upon auditing your account, we may contact you to recover those charges up to eight weeks after the visit.

Signature \_\_\_\_\_

Date \_\_\_\_\_