

**THERAPEUTIC MASSAGE & BODYWORKS OF WNY
CLIENT UPDATE FORM**

WELCOME

Please tell us about yourself...

Today's date _____ Referred by _____

Name _____

Home Address _____

City _____ State _____ Zip _____

Phone # HOME _____ WORK _____

CELL _____

Birth date ___/___/___ SS # ___/___/___

Email Address _____

Marital Status : SINGLE / MARRIED / DIVORCED / SEPERATED / WIDOWED

Spouse's Name _____

In Case of Emergency please call _____

Phone _____

Physician's Name _____

Chiropractor's Name _____

Employer _____

Occupation _____

INSURANCE INFORMATION

Insurance Company Name _____

Insured's Name _____

Insured's SS # ___/___/___ Relation _____

Insured's Employer _____

PLEASE INITIAL & DATE _____

Please note our new office policies, effective June 1, 2010.

CANCELLATION POLICY

We are happy to accommodate your needs and understand unforeseen circumstances can occur. In the event that you need to cancel or change your appointment, we respectfully request a 24 hour notice. As a courtesy, we allow a one-time grace period of the cancellation policy without penalty. Other instances will be charged a \$35 Service Fee.

NO SHOW POLICY

If you do not show up for an appointment or do not give any cancellation notice, you will be charged a \$50 Service Fee. Future appointments may be denied if payment is not received. If there are two No-Show appointments within a 6 month period, an appointment hold will be placed on your account for 6 months.

TRADITIONAL BLUE PATIENTS [Effective January 1, 2010]

All Blue Cross/Blue Shield Traditional Blue patients who do not show up for appointments and do not call to cancel with 24 hours notice, you will be charged for that appointment.

GIFT CERTIFICATE POLICY

When booking an appointment with a gift certificate, we will ask for your gift certificate number, located on your gift certificate. As a reminder, gift certificates are valid for six months from the date of purchase. If you do not show up and do not cancel an appointment made with a gift certificate, that gift certificate will be null and void.

ILLNESS

In the case of an illness please reschedule your massage session. This is both for the health of the therapist and that of others receiving massage in this office. Usually massage can also exacerbate your illness, due to the circulation enhancing qualities of massage.

Initial & Date:
