

POLICY AND PATIENT DATA

- PAYMENT is due at the time of service, unless other arrangements have been made.
- An INSURANCE CONTRACT is between the patient and the patient's insurance company; therefore, it is the responsibility of the patient to keep the account current.
- Patients involved in LITIGATION (lawsuits) are, as others, responsible for their services here at the office.
- We reserve the right to BILL FOR MISSED APPOINTMENTS.
- Personal cleanliness is requested due to the close interpersonal nature of this work.

PATIENT INFORMATION MALE FEMALE SINGLE MARRIED OTHER

NAME (Last, First, Middle)			DATE OF BIRTH	AGE
ADDRESS (No., Street)			DRIVER'S LIC. #	STATE OF ISSUE
CITY	STATE	ZIP CODE	HEIGHT	WEIGHT
HOME PHONE	WORK PHONE		EMAIL ADDRESS	
CELL PHONE	OCCUPATION		BY WHOM WERE YOU REFERRED?	
EMPLOYER'S NAME OR SCHOOL	<input type="checkbox"/> F/T <input type="checkbox"/> P/T		EMPLOYER'S OR SCHOOL'S ADDRESS	

SPOUSAL INFORMATION

NAME (Last, First, Middle)		DATE OF BIRTH	AGE
WORK PHONE	CELL PHONE	EMAIL ADDRESS	
OCCUPATION	EMPLOYER'S NAME OR SCHOOL	EMPLOYER'S OR SCHOOL'S ADDRESS	

EMERGENCY INFORMATION

IN AN EMERGENCY WHOM SHOULD WE NOTIFY?	RELATIONSHIP TO PATIENT	DAYTIME PHONE
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PATIENT'S SIGNATURE X	DATE
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The above signature is an acknowledgement that I have read the policies above and agree to abide by them.

PATIENT'S SIGNATURE X	DATE
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If patient is a minor: Permission is hereby given by me to Dawn Killian-Davis, LMT, to treat the patient. I am his/her legal guardian.

You are authorized to release any information you deem appropriate concerning my physical condition to any insurance company, attorney, primary care providers, or adjuster in order to process any claim for reimbursement of charges incurred by me as a result of professional services rendered by you, and I hereby release Structural Healing Massage and Bodywork, Inc. and said associates of any consequences thereof.